TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

1			PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		02974 CERTIFICATI	11111
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
	_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Wicomico C. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
		write RURAL and give nearest town)	Salisbury 22-/
0	P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 427 Elizabeth St o. IS RESIDENCE ON A FARM? YES NO K
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
	5.	(Type or print) MARY ELIZABETH	GNEW DEATH FEBRUARY 4 1966
	F-	7. MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER/1YEAR FUNDER/24 HRS. AGE (In years IFUNDER/1YEAR FUNDER/24 HRS. Hours Min. Hours
	10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		House work at home None	Snow Hill Maryland USA
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H		Harry Round. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1Z	Emma Richardson
	(Ye	No (If yes give war or dates of service) 150=10-7772	rs.Elizabeth Marie Seabrease(Daughte 27 Elizabeth St Salisbury, Md.
i		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)	- 3 days
		DUE TO	2 /
		gave rise to immediate (b)	I gotter
		cause (a), stating the DUE TO underlying cause last. (c)	
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	FICAT		YES NO X
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
	CAL	fanta	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ny, street, once bidg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from	1/18, 196 6 to 2 - 4, 1966, that (1) (we) last
			t death occurred at 8.30 M, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
1		22c. PHYSICIAN'S M.D	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
		NAME (Type)Dr. William B. Smith	Salisbury, Maryland
	23a	DEMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State) Smorial Park Salisbury, Maryland
1	24.		1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K	H	OLLOWAY & COMPANY SALISBURY, MARY	LAND FER 7. 1966 Clearles Judge

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Purist Feb. 6/1966 | Heorico Perorial Park Suliabury, Maryland

Dr. Villiam E. Smith | Silsonny, Marylani

THE HOTIC BY & COMPANY SALESBURY, MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02975 FOR STATE MEDICAL EXAMINER'S OF HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Wicomico e. STATE Wicomico Maryland MARYLAND Department after death. essary, may be the funeral CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Willards Salisbury (Rural) 3-Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE DN A FARM? 2 d. STREET ADDRESS delay is and 3 to t 3. Page State U.S. Route#50 Navlor Mill Road NO X 2, and PM3. DATE Yeer NAME OF First Middle DECEASED ALEXANDER WALTER THOMAS DEATH FEBRUARY (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1 for your files. 7. MARRIED NEVER MARRIED last birthday) Months | Days 63 Sept.20/1902 WIDOWED T DIVDRCED Male White and and 12. CITIZEN OF WHAT COUNTRY? 1De. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stete or foreign country) during most of working life, even if retired) pages 1 in any el Retired Driver-salesman4011 USA Wicomico Co. Maryland Co Lavinia C.Bailey J.Earl Alexander File Cooper(Sister)Ocean City 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Mrs. Wallace (Yes, no, or unkown) | (If yes give war or dates of service) permit. I removal, Willards, Maryland No ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, If any, which (b) geve rise to immediate DUE TO cause (a), stating the 60 underlying couse lest. (c) used as to burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) o be 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Did 3 shou MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour e.m. While Not While et work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion TO FUNERAL DIRECTOR: of Health or its design Undetermined manner death resulted from: Natural causes X Accident Sulcide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATU DEPUTY MEDICAL EXAMINER X EXAMINER'S 09 please ex director. retained Address (Street, city, town, or county) Feb. Camden Ave Salisbury Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF Co. Delaware 1966 Smith-Mills Cem. Sussex 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS COMPANY SALISBURY MARYLAND VR ALSME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH

Bus Lyash. colmos!W icorico sbysfill Salisbury (furel) 3- Porchs U.S. Routed 50 Mylor Mill Boad PERMUALE 21 66 ATEXANDER G- WETT WALTER 260, 2056/03, 1008 X Att Retired Driver-selecmen(011 Co.) Wicomico Co., Maryland U S A Tevine C.Peiler TERRESTA FORES.L Nos. Wallands, Maryland City

Bariel Reb.23/1966 Smith-Hills Com. Sussex Co., Delinare

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. 24 hours after death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b.. COUNTY by the financial Pages 1 urs after 0 100m1co MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b the attending physiciant completely filled in by t permit. Then please remove carbon papers. Pag ation, or removal, and in any event, within 72 hours write RURAL and give nearest town) ALIS BUR d_NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS executed within NAME OF DECEASED Middle DATE Month 3. Last 4. (Type or print) E DEATH BRUAR AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED E EMALE WIDOWED -6 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) death certificate be USEMILE MOTHER'S MAIOEN NAME 13. FATHER'S NAME 14. HARLES 15. WAS DECEASED EVER IN U.S. ARMED FORCES Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attenc director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burlal, cremation, or re 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes. no. or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a). stating underlying couse jast. CERTIFICATION PART II. OTHER SIGNLE CANTCONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20b. MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While at work at work p.m. vol 19/ 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 2 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS M.D. **ADDRESS** PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) NIS 6 66 D 5/10 ! A REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 25a. 24 2 B

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

(County)

OATE SIGNEO

22b.

2 3

ON A FARM? NOX

Year

19

INTERVAL BETWEEN ONSET AND DEATH

1577 (+1en

WAS AUTOPSY PERFORMED? NO F

(State)

that (I) (we) last

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

LAGE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a, STATE WOODS 1 of the county with county

	01000				_ 0		11600	22	
1.	PLACE OF DEATI a. COUNTY W1	comico		MARYLAND	- 07475	CE (Where deceased live		Residence before adm	ilssion)
	write RURAL	N (if outside corporation and give nearest tow 115 bury	/n)	c. LENGTH OF STAY IN 1b	Sal	outside corporate ili	mits, write RURA	L and give nearest	town)
		1 Holland		ospital, give street address	d. STREET ADDRESS	l Holland	Ave.	e. IS RESIDENTED ON A FA	
	NAME DF DECEASED (Type or print)	EDWA		FRANCIS I	BOOTH Last	4. DATE OF DEATH	Month EBRUARY	Day Year 13 19 (66
5. M	sex [ale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 14/189	lact his	years IF UNDER	Days Hours	24 HRS. Min.
10a. durir	USUAL OCCUPATING MOST of Work	ing life, eyen if retire Barber (Barber	DUSTRY		ounty & State, or foreign	C	S A	
	rank J	_			Annie Ha	DEN NAME			
15. (Yes	WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates or	f corvine)	32-0562A	INFORMANT Mrs. Carrie Ave. Salis	M. Booth(Wife)20 Vland	l Holla	nd
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	: (1	po for (a), (b), and (c).	oura !	of hus	90	INTERVAL BETV ONSET AND DE	
	Conditions, If gave rise to	Immediate (forthe Con	delightyper	tensine C	IV. Dise	ase	3 yea	ده
	cause (a), st underlying caus	e last.	(c)	JING TO DEATH BUT NOT REL	ATED TO THE FEDMINAL	NECACCOMPITIONS	IVEN IN DART 1/a	119. WAS AUTO	npev
FICAT	The	combo f	Aleb	tes of Le	Il Leg.			YES N	
	OR CONTRIBUTI	WAS UNDERLYING TING CAUSE OF DEAT	NER) N/A				art II of Item 18	3.)	
MEDICAL	20c. TIME OF I Hour a.n p.r		Year 20d. IN While at work	THOU WILLIE TO	ACE OF INJURY (Home, fatory, street, office bldg., e	erm, 20f. (City or t	own) (Co	ounty) (Sta	ate)
	saw the dec	ceased alive on	1 1/ 4	d the deceased from 3, 1966, and the	at death occurred at	OP M, from the	causes and on t	the date stated a	
	22a. SIGNATUF	Xesteri	Her	Al.	D. PHYS.	MED. STAF	F	1 4/19	66
į.		r.G.Herbe	rt Sem			n St. Sal	isbury,	Marylan	d
23a.	BURIAL, CREM REMOVAL (Spe Buria	Teb.16	/1966	Wicomico Mo	emorial Par		bury, Ma	ryland	te)
24.	FUNERAL DIRE	CTOR		ADDRESS	1 25a, RF0	C'D BY REGISTRAR 2	25b. REGISTRAP	'S SIGNATURE	

SALISBURY, MARYLAND

DATEEB

Page 4 may be retained by the nospital or attenuing pursuent.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ends completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please funds carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 0 20M 1/65 HOLLOWAY &

COMPANY

San Lynn estwarts colucoit vendal fe2 vaudai [s2 . TVA BURLLON IOS 201 Hollowit Ave SCOTH SEATTLEY LAND BY LA Jan.14/1895 esti Retired Harber (Harber shop owner) Saliabury, Maryloni annide H sinna Frank J.Booth 280-32-0562A Mys. Carrie M. 800 th (Wife) 201 Hellend

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Age I Very Market No. 1986

Dr. G. Herbert Sembly E. Church St. Sallabury, Maryland

Burisl Peb.16/1966 Wicomico Memorial Park Saliabury, Maryland Hottowar & Corpany Salisbury, Maryland

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. used as a burlal-transit to burial, cremation, or 3 should be a TO FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDIC

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12273
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1	-							17. 41311
1	1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	ICE (Where deceased liv	ed, If institution: Ro	esidence before admission)
1		Wicomic	0	MARYLAND		Maryland	2. 00011	licomico
1		b. CITY OR TOWN (If outside corpor write RURAL and give nearest to	ata limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate l	imits, write RURAL	and give hearest town)
1		Salishum				Tvaskin	2	22-1
		d. NAME OF HOSPITAL OR INSTITUT	ION (if not in he	ospital, give street address)	d. STREET ADORESS	Jashull		e. IS RESIDENCE ON A FARM?
9		Peninsula Gen	owal Hos	pital				YES NO
Y	3.	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
		DECEASED (Type or print)		Lee Bo	wiona	OF DEATH	0.5	3-66 19
1	5.	SEX 6. COLOR OR RACE	E 7. MARRIED		Wens B. Date of Birth	[9. AGE (1	n years IF UNDER	1 YEAR IF UNOER 24 HRS
		75	WIDOWED	DIVORCED	8-23-	125 last b	4	Days Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of wor	kdonel 10b. Ki	NO OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign coun	try) 12, CI	TIZEN OF WHAT
	dur	ing most of working life, even if retir	red) IN	IDUSTRY	mai		0 00	OUNTRY?
1	13.	FATRER'S NAME	7		14. MOTHER'S MAI	DENNAME		4.2.11.
		Tages of 12	5 01 0110		m	14	2.0	
1	15.	. WAS DECEASED EVER IN U.S. ARMED F	FORCES? 16	SOCIAL SECURITY NO. 17.	JNFORMANT	yaru x	Address	.6.0
ı	(Ye	s, no, or unkown) (If yes give war or dates	of service)	P	11	D.	- 11.11. 1	To sales (
1		10 000000000000000000000000000000000000		Re	coseveu,	Blowens	7/6/	cause un
		18. CAUSE OF DEATH [Enter only o PART 1, DEATH WAS CAUSED B	RY					ONSET AND OEATH
		IMMEDIATE CAUS	E (a) Int	erstitial pneu	monitis			hour
3			E TO					
4		Gonditions, if any, which gave rise to immediate	(b)					
		cansa (a), statilik tila (E TO					
	2	underlying cause last. PART II. OTHER SIGNIFICANT CONDIT	(c)	TINC TO DEATURITAINT DELA	TEO TO THE YERMINAL	DISEASE CONDITION	CIVEN IN PART 1/2)	119. WAS AUTOPSY
	110	PARTITION ER SIGNIFICANT CONDIT	IONSCONTRIBU	TING TO DEATH BUT NOT KELA	TEO TO THE TERMINAL	DISEASE CONDITION	314 M4 1141 VK1 T(a)	PERFORMED?
2	FICA	CO. FUTERNAL CALLOS WAS	l coh n	TOOD INC. HOW WILLIAM COOK	DOED (Color of the color of	f lalim la Bast I an	Don't 11 of lass 10	YES NO
1	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	200. 0	ESCRIBE HOW INJURY OCCU	RKED. (Enter nature o	or injury in Part 1 or	Part II of Item 18.	,
								(0)
	MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m.		NOT WHILE TO PLA	CE OF INJURY (Home, f ry, street, office bldg.,	farm, 20f. (City or etc.)	town) (Cou	inty) (State)
	MEC	p.m. 19	9 While at work					
		21. I certify that I took charg	ge of the rem	ains described above, hel	d an Autopsy 💢,	Inspection X,	Inquiry 💢,	and in my opinion
		death resulted from: Natura	al causes X	, Accident , Sui	cide , Homic	ide, Undete	ermined manner	
		/-0	/		CHIEF MEDICA	AL EXAMINER		
		ACTUAL SIGNATURE	-		M.O. ASSISTANT ME	EDICAL EXAMINER		22. DATE SIGNED
		EXAMINER'S Earl L. R	over. X.	D	OEPUTY MEON	CAL EXAMINER	2-6-66	5
1		NAME (Type)	den /	Salishumm.	THE STATE OF THE S	et, city, town, or cou		(0)
	23a	REMOVAL (Specify)	THEREOF	23c. NAME OF CENTETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	inty) (State)
	-06	Bucal 2-6	7-66	Syackin	l OF a Di	JUJAS	25b. REGISTRAR'	C CICNATURE
	24.	FUNERAL DIRECTOR	Jerse	ill Rt 2	25a RI	B 1 / 1000	ZJU. KEGISTKAR	5 SIGNATURE
Y	7	orecles & yoully	1	////	DATE	T # 1320	J. maril	er Judge
1		5-179597						0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Wicomico Maryland MARYLANO c. LENGTH OF STAY IN 1b Mardela Mardela d. STREET ADORESS

b. COUNTY icomico CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Charles Street Kharles Street NOX YES 3. NAME OF DECEASED First Middle Last DATE Month Year Oay CHARLES EDWARD BROWN 12 19 66 (Type or print) February DEATH 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIEO last birthday) Months | Days Hours Male White WIOOWEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Package Mardela, Maryland
14. MOTHER'S MAIOEN NAME S u 13. FATHER'S NAME John Brown Mary Phippin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) INFORMANT Mrs. Virginia M. Mezick (Daughter) St. Mardela, Maryland

PART I. DEATH WAS CAUS	ED BY:	Caroliac	Dec	andmation	ONSET AND BEATI
Conditions, If any, which	OUE TO	1 money	- As	Cerosis	2 V
gave rise to immediate cause (a), stating the underlying cause last.	OUE TO	astrono	1	and 1	20 m
	(c) NDITIONS CONT	TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPS

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

CERTIFICATION 20d. INJURY OCCURREO 20c. TIME OF INJURY Month, Oay, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While

Mardela

MEDICAL p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on

that (I) (we) last and that death occurred from the causes and on the date stated above.

22a. SIGNATURE 22b. OATE SIGNEO ATTENDING MEO M.D. DIRECTOR PHYSICIAN'S AODRESS

Schlesinger DATE THEREOF BURIAL, CREMATION NAME OF CEMETERY OR CREMATOR (Specify) /1966

23d. LOCATION (City, town or county)

Mem_Cemetery Mardela, REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE 25a. 25b.

HOLLOWAY & COMPANY

SALISBURY, MARYLAND

VR A15 (4)

Pages 1 and 2 ours after death.

papers. 1-72 hours

within 72

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attending physician rmit. Then please

an signed by the attenct burial-transit permit.

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for use Health certificate

DIRECTOR: After this certage 3 should be detached led with the State Dept. of

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director, p should be 1

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death.

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be

certificate

law requires that the death

OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician.

TO HOSPITAL TO FUNERAL

FUNERAL DIRECTOR

(State)

NO X

(State)

Maryland

YES

(County)

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Male

John Brown

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Mardels, Maryland U S

Mary Phicoin

217-09-1354 Mrs. Viredhia B. Mestok (Dughter)

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X.

Dr. George G. Schlesinger Pardeld, Muryland

Burlel Feb.1 / 1966 Mardels Mem. Jesetery Herdels, Fryland Hollowy & COMPANY Sulisaumy, MARYLAND

	MARYLAND STATE DEP	ARTMENT OF HEALT	TH .
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
12980	CERTIFICATE	OF DEATH	02962

1.	PLACE OF DEATH a. COUNTY	omico			MAD	YLAND	2. USUAL RESIDEN	CE (Where	b. C	OUNTY	Residence		dmission)
	b. CITY OR TOWN (If write RURAL and g	outside corpora give nearest tov			LENGTH OF STA	AY IN 1b	c. CITY DR TDWN (I	if outside					st town)
H	Salisbury d. NAME OF HOSPITAI	DR INSTITUTION	ON (if no	t in hosp	Ital, give street	address)	d. STREET ADDRESS	enton			00	. IS RES	SIDENCE FARM?
	eer's Head S			al,Sa		,Md.	Rt. #2,	Box I				YES 🗌	NO 🗵
3.	NAME OF DECEASED (Type or print)	PHTT	irst		Middle	В	Last URTON	4. DA	1	onth eb.	Day 21	Ye 19	66
	2 27	OLOR OR RACE	7. MAR		NEVER MARRI		DATE OF BIRTH June 13, 19	21	9. AGE (In year last birthday	Months	1 YEAR Days	Hours	R 24HRS. Min.
108	LUSUAL OCCUPATION (Color most of working lift Day Labor	e, even If retire	done 1	Ob. KIND	DF BUSINESS OF STRY)R	11. BIRTHPLACE (County & St	, , , , , , , ,	ntry) 12. C	OUNTRY	OF WHAT	
13	. FATHER'S NAME	2	77		State of the		14. MOTHER'S MAI		e ca Wise				71-0
	. WAS DECEASED EVER I		ORCES?	16. SO	CIAL SECURITY N	10. 17.	INFORMANT	repect		dress			
(Y)	es, no, or unkown) (If ye	s give war or dates (of service)	222=	05-3676	Mrs	. Glendeli	a Bur	ton, Dent	on, Md.	R. E	D.	
	PART I. DEATH I	VAS CAUSED BY MEDIATE CAUSE	Gar				illary ant	rum W	ith adva	nced		rval be et and year	DEATH
	Conditions, If any, gave rise to imme cause (a), stating underlying cause last	the DUE	(b)						metast	ases.			
CERTIFICATION	PART II. OTHER SIGNIF		ONS CDN	TRIBUTI	NG TO DEATH BUT	NOT RELA	TED TO THE TERMINAL	DISEASE	CONDITIONGIVE	IN PART 1(a)	-	WAS AL PERFOR	
	20a. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY N	UNDERLYING [] CAUSE OF DEA MEDICAL EXAMI	TH NER)	Ob. DES	CRIBE HOW INJ	URY OCCU	RRED. (Enter nature	of Injury I	n Part I or Part	II of Item 18	3.)		
MEDICAL	20c. TIME DF INJUR Hour a.m. p.m.	Y Month, Day,	1	Mhile work	RY OCCURRED Not While at work	20e. PLAC factor	CE OF INJURY (Home, y, street, office bldg.,	etc.)	f. (City or town	(Co	unty)	(State)
P	21. I certify that saw the decease 22a. SIGNATURE						death occurred at	19 65 10:0M	to 2/21, from the caus	ses and on			
		V. fu	er	us	m	M.D.		MED. DIRECTO	R STAFF		1/66		
	22c. PHYSICIAN'S NAME (Type)	4.	Juer	man,	M. D.		Deer's He	ad St	ate Hosp	ital,S	alis	bury	,Md.
238	BURIAL, CREMATION REMOVAL (Specify) Burial	2-25-					OR CREMATORY 1 Cemetery		LOCATION (CIT				tate)
	. FUNERAL DIRECTOR	om and	Son,	Tede	ADDRESS	z. Mar	300.00	1	1966 8	REGISTRAN	400	IATURE edge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 20M 1, 1/65

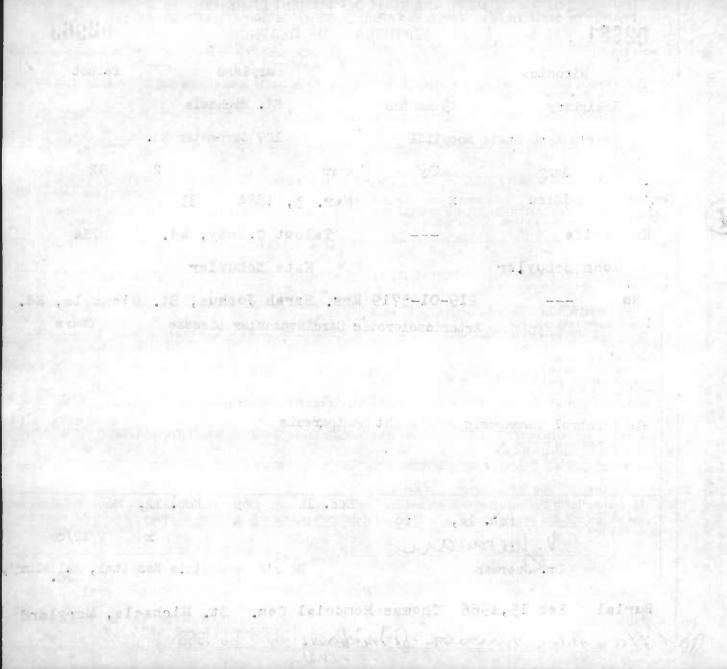
property of the second one lines, in it in the continu . I , HEISTONIE . II.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and its my event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02981
CERTIFICATE OF DEATH

	PLACE OF DEAT	Н						(Where decease	ed lived, If institut	ion: Residence	before admission)
	0001111	Wicomico		MARYLAN	D	e. STATE	Maryl		b. COUNTY	Talbot	1
t	b. CITY OR TOW	(N (If outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN		c. CITY OR T			ate limits, write F	RURAL end giv	e nearest town)
	Sal	isbury		3 months			St. M	ichael	S	20.	- 2
1	d. NAME OF HO	SPITAL OR INSTITUTION	(if not In h	ospital, give street addr	ess)	d. STREET AL				0.	IS RESIDENCE ON A FARM?
		rts Head Sta	ate Ho	spital			107 C	arpent	er St.	Y	ES NO
	NAME OF DECEASED	Firs	t	Middle		Last	4	. DATE	Month	Day	Year
((Type or print)	Mary		Emily	Ca			DEATH	2	12	19 66
5. 8	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8.	DATE OF BI	RTH	9. A	GE (In years IFU ist birthday) Moi	NDER 1 YEAR	
0.000	male	Colored	WIDOWED		M	r. 3.	1884	3	31 yrs.	nths Days	Hours Min.
10a. I durin	ig most of work	TION (Give kind of work do ling life, even if retired)	ne 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPL			foreign country)	12. CITIZEN COUNTRY	OF WHAT
-10	Housew			gade and and		Talbe	t Cou	inty,	Md.	USA	
13.	FATHER'S NAM	TE.				14. MOTHER	'S MAIDEN	NAME			
	Joh	n Schuyler				Kat	e Sch	uvler	•		
		EVER IN U.S. ARMED FORG		SOCIAL SECURITY NO.	17. 1	NFORMANT			Address		
	No	the set too		9-01-5719	Mrs	Sar	ah Je	shus.	St. Mi	chaal	e Ma
		DEATH [Enter only one	cause per l	ine for (a), (b), and (c).]						INTER	VAL BETWEEN
	PART 1. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Art	erioscleroti	c C	ardiova	ascula	r Dise	ase	Year	I AND DEATH
	429	DUE TO									
	Conditions, if										
	gave rise to	Immediate (La			- 17 (1)	H. China			
	cause (a), s underlying cau	tating the									
		/		UTING TO DEATH BUT NOT	RELAT	ED TO THE TER	MINAL DISE	ASE CONDIT	ION GIVEN IN PAR	T 1(a) 19.	WAS AUTOPSY
SATI			-						a mit iit i Ait	YES	PERFORMED?
FE -	20a. ACCIDENT	WAS UNDERLYING TO	20b.	with right H				ury in Part	I or Part II of Ite		,
	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEATH	R)		-0001	(Elicol II		1-17 II/ E WIC		201,	
CAL		INJURY Month, Day, Ye	ear 20d. I			E OF INJURY			y or town)	(County)	(State)
MEDICAL	Hour a.	m. 19	While at worl	INOT MUITE	ractory	, street, office	niug., etc.)				
2 -				ed the deceased from	De	c. 14	, 196	5 , to F	eb. 12,	1966_, the	at (I) (we) last
		ceased alive on Fe		19.66 and	that						
	22a. SIGNATU	RE I							22	b. DATE SIG	NED6
		V. Jul	ru	an	M.D.	PHYS.	☐ MEI	ECTOR .	STAFF PHYS.	-/	, 00
	22c. PHYSICIA NAME (T		man			22d. ADD Dee	ress r's H	ead St	ate Hospi	tal, S	alisbury
1_	nuntal en	4471011 001 04-7	EDEOE	1.00	7.00						MO
	BURIAL, CREM	ecify)		23c. NAME OF CEME			TY	23d. LUCA	TION (City, town	or county)	(State)
	Burial FUNERAL DIR		1966	Thomas M	eme	rial (Cem.	St. BY REGISTR	Michael AR 256. REGIS	San Mas	and -
24.	CONERAL DIR	O. P 1	, ,	ADDRESS	. 1		EED.				TIERE -
1	Han	Aleboa It	مى	on atme	246	all o	AFEL D	1 9 196	56 Jan	well for	roge.
					1	VIAI				100	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02982

- 5		
	a. COUNTY, ;	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	Wicomico MARYLAND	e. STATE Maryland b. COUNTY Wicomico
1	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	write RURAL and give nearest town) Optishury	Salisbury 22 -/
8	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE on A FARM?
	Peninsula General Hospital	R.D.#4 Ocean City Rd VES NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) LOUIS B	Chames DEATH FRETUARY 22-19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER/1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Male WHITE MINOR DIVORCED	Feb. 16/1896 70 yrs. 0 6 Hours Will.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Restaurant Operator	Greece (Patras) USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bill Chames	Panagoula Fakos
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	
	YES W.W.#I 220-32-0394"	Road Salisbury Maryland
	The Cade Cof DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Gray Thrember es
	4201 DUE TO - 1	. / 21 + 5 6
	Conditions, If any, which) (b) (the Seles	the thent Dining
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	ICAI	YES NO
hat	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) orry, street, office bidg., etc.)
	Mulle - Not write -	ory, street, office bidg., etc.)
	p.m. 19 at work at work 21, certify that () (this hospital) attended the deceased from	7954, 19 to 19 that (1) (we) last
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at death occurred at 2 AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
1	al something	D. ATTENDING MED. STAFF PHYS. 2/24/66
	22c. PHYSICIAN'S	22d. ADDRESS
	Dr. Andrew C. Mitchell	Maryland Ave. Salisbury, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Feb. 25/1966 Wicomico Me	emorial Park Salisbury, Maryland
	24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
A	HOLLOWAY & COMPANY SALISBURY MARY	LAND FEB 23 1966 Policyles Outer

VR A15 (4) 15M 4-64

Maryland Manuel Seliabury H.D. W. Coesn Orty Est e Enb.16/1396 70 (peece (Patawa) rest ument uper ter Bill Chapes Paris cals Wisesper. Hi 220-32-039/ Pro. Apres Chames (1130) B.D. Fill Corem Cit

Dr. Andrew C. Mitchell Maryland Ave. Stlisbury, Maryland

Buriel Reb.25/1966 Wicomico Memorial Park Salisbury, Maryland

CHAIYAM, YAUGHIAR YA COMENEY, MARYAMU

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0,000	LIGHT TOATE OF DEP	NIII	HA300
PLACE DF DEATH a. COUNTY		IDENCE (Where deceased lived, If institution	n: Residence before admission)
Wicomico	a. STATE	Manual and b. COUNTY	an Annaka
	MARYLAND GTH OF STAY IN 1b C. CITY DR TDV	Maryland Qu /N (If outside corporate limits, write RUF	een Anne's
write RURAL and give nearest town)			KAL and Bise hearest rown)
Salisbury	ll Days Gr	asonville	11 - 1
d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, g	ive street address) d. STREET ADD	RESS	e. IS RESIDENCE DN A FARM?
Deer's Head State Hospital, Salis	sbury, Md.		YES ND
3. NAME DF FIRST DECEASED	Middle Last	4. DATE Month	Day Year
/Tung or neint	rude Chester	DEATH Feb.	4 19 66
5. SEX 6. COLDR DR RACE 7. MARRIED 7 NEV			ER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED	OIVORCED 700, 25	1913 last-birthday) Month	s Oays Hours Min.
10a, USUAL DCCUPATION (Give kind of work done 10b, KIND OF B			. CITIZEN DE WHAT
during most of working life, even if retired) INDUSTRY	- /	The 1	CDUNTRY
13. FATHER'S NAME		MAIDEN NAME	10/07
The second of Comment	14. MDTHER'S	WATER NAME	
oppell son	Ra	the anger	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIALS (Yes, no, or unkown) (If yes give war or dates of service)	ECURITY ND. 17. INFORMANT	Address	1 6.1
no	Acephital	secordo Lalici	ruley, Med.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	· V	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ent cerebral throm		DNSET AND DEATH
1/1/2 /	ent cerebral chrom	00515	1904,1900
DUE TD HATCH	amaira ambamiassi.		77
Conditions, If any, which gave rise to immediate (b) Hypert	engive arrestoscie	rotic cardiovascular	Years
cause (a), stating the DUE TD		disease	
underlying cause last. (c)	make a control of the		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Bilateral bronchopneumon 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBI DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
Bilateral bronchopneumon	ia: diabetes.		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB		ure of Injury in Part I or Part II of Item	18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CCURRED 20e. PLACE DF INJURY (Ho	me. farm. 20f. (City or town) (County) (State)
9	While factory, street, office bi		County) (State)
p.m. 19 at work at	work		
21. I certify that (I) (this hospital) attended the	leceased from 1/24	, 19 66 pto 2/1/66, 19	that (I) (we) last
saw the deceased alive pn 2/4	9 66 and that death occurred	at 9:55M, from the causes and o	n the date stated above.
22a. SIGNATURE	,		DATE SIGNED
(A) While cline	M.D. PHYS.	MED. STAFF PHYS.	2/7/66
22c. PHYSICIAN'S	l 22d. ADDRE		2/1/00
NAME (Type) L. V. Maldve	. M. D. Deer's	Head State Hospital,	Salisbury . Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or	county) (State)
Kelleral 2-9-00	Mexter amit	try Missle	ra'
24. FUNERAL DIRECTOR	DDRESS 25a	FFR AN INC.	AR'S SIGNATURE
Ames D. Washell Ga	estantud DAT	EB 10 1968 Jelian	rles Judge

VR AI5 (4) 20M 1/65

entire in the second control of the second s -habele R Server of which went to the continue of the continue of the In the state of the state of the second of t 2. V. unifers, 1. C. Meant Real Mark Hemilton, 2011 Store, Circuit 2-9-64 Chentes Comoting Chester 2 mis to likehed batter the

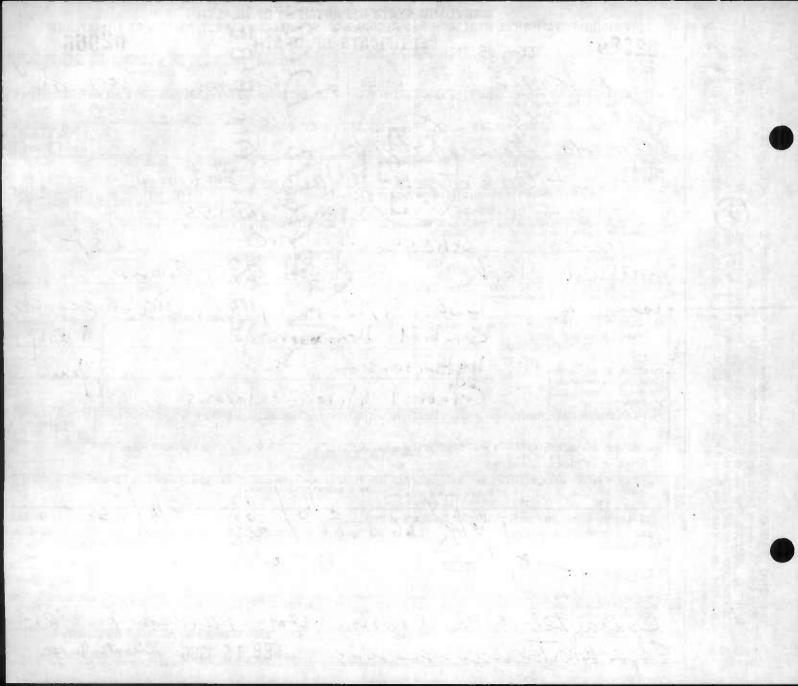
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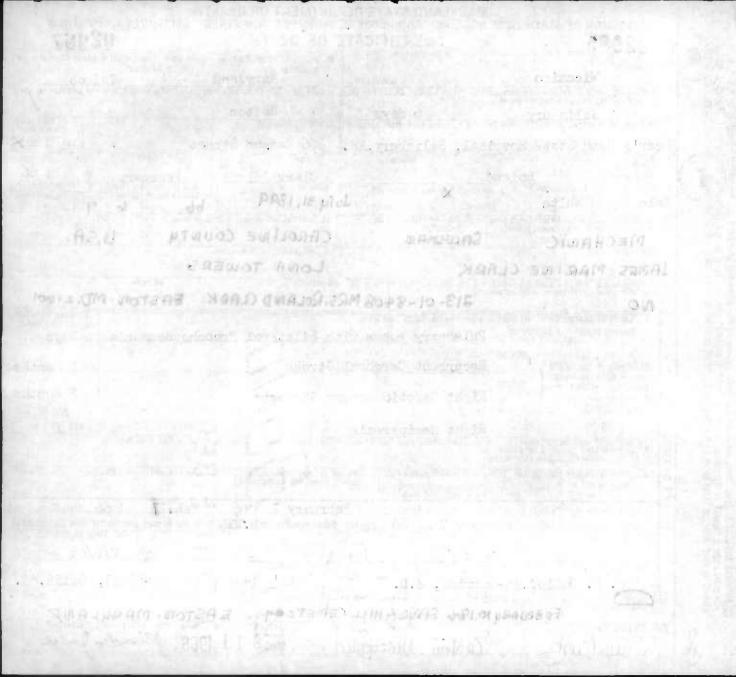
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301-W-PRESTON STREET, BALTIMORE 1, MARYLAND

	02384	Ttem #	CE CE	RTIFICA	TE OF I	DÉATH		02	966
1.	PLACE DF DEATH a. COUNTY				1 2. USUAI			f Institution: Re	sidence before admission)
_	b. CITY OR TOWN	1 COM 1 CO	its C FNG	MARYLAND TH OF STAY IN 18	C CITY DI	R TOWN (If outside	corporate limits	write RURAL	and give nearest town)
	write RURAL an	d give nearest town)	o. Elita	01 01711 111 21	0.0111	Dec	emec	1 3	28-3-3
-	d. NAME OF HOSPI	TAL DR INSTITUTION (IF	not in hospital, gi	ve street address	d. STREET	ADDRESS		,	e. IS RESIDENCE ON A FARM?
=	renins	vla Jes	coral	HOSPA	al				YES NO
3.	(Type or print)	Lyby Lyby	ant	Middle	Clar	1/ 0	EATH Freb.	lonth	Day Year 1966
5.	SEX 6			R MARRIED	8. DATE OF	BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS. Days Hours Min.
$\frac{//}{10}$	a. USUAL OCCUPATION	Negro WI N (Give kind of work done	10b. KIND OF BU	SINESS OR	11. BIRT	HPLACE (County &	State, or foreign cou		TIZEN OF WHAT
du	ring most of working	life, even if retired)	Scho	al		n.c.			S 17
13	LATTHER'S NAME	ew clar	K		14. MOTH	les also	th Em	ans	
		R IN U.S. ARMED FORCES		CURITY NO. 17	INFORMANT	19 00	Ad	dress	, 1
	lls !	11	1230-9	2.53978	VON	ely le	in - u	com	we, ca,
"	PART I. DEAT	ATH [Enter only one caus H WAS CAUSED BY:	se per line for (a),	(b), and (c).	Emin	mhaae			INTERVAL BETWEEN ONSET AND DEATH
	33/X	MMEDIATE CAUSE (a) DUE TO	11	1		9			
	Conditions, if any	which (b)	Hy 20	rrensi	on 1	and			Veen
	gave rise to im cause (a), stati underlying cause i	ng the DUE TD	Cereb	ral d	to-Veri	neales	78315		Ц
NOI		NIFICANT CONDITIONS CL	ONTRIBUTING TO D	EATH BUT NOT RE	LATED TO THE	TERMINAL DISEASE	CONDITIONGIVE	N IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
FICAT									YES NO
CERTIFICATION	20a. ACCIDENT WA DR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Ente	r nature of injury	In Part I or Part	II of Item 18.)	
MEDICAL	20c. TIME OF INJ Hour a.m.	URY Month, Day, Year	While Not W	fac	LACE OF INJUI	RY (Home, farm, 2 fice bl/g., etc.)	Of. (City or town	n) (Cour	nty) (State)
ME	p.m.	19	at work atyw	ork	2/10	111	. 21	11/10/	6 11 1 11 11 11 11
	saw the decea	that (I) (this hospital)			7	130	from the kaus	ses and on th	e date stated above.
	22a. SIGNATURE	1	11	January and the		/	STAFF		ATE SIGNED
	22c. PHYSICIAN'			N	I.D. PHYS.	DIRECT			
	NAME (Type				240. 7	DONEGO			
23	a. BURIAL, CREMAT	IDN, 23b. DATE THERE	OF 23c. N	AME OF CEMETE	RY OR CREMA	TORY 23c	LOCATION (CIT	ty, town or cou	nty) (State)
2	FUNERAL DIRECT	W17-21-13	1966 LA	DRESS	on m	25a. REC'D BY	REGISTRAR 25b	. REGISTRAR'S	SSIGNATURE
1	P1 11	11/2 15-6	1 - 0 - 11		C .	DATEEB 1	1000	When le	0



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

TO DEPUTY MEDIA: EXAMINER: This certificate should be executed within 24 hours after death. If any delay is Cossary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in adversant within 72 hours after death.

		MAR	YLAND STATE D	EPARTMENT OF	HEALTH	
	Division of S	TATISTICAL RESE	ARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	
) (280	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	11297

1		7								~ ~	
1.	PLACE OF DEATH	1			124	2. USUAL RESIDE	NCE (Where de	ceased lived, If Ir		sidence i	before admission)
		Wicomico		MARYLA	ND	a. STATE	rvland	b. C00	W 45 a	omic	0
	b. CITY OR TOW	N (If outside corporat	e limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (rporate limits, w			
	WITE KUKAL	end give nearest tow Salisbury	n)	ESTATE OF		Pa	rsonsbu	iro		22	-1
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street add	ress)	d. STREET ADDRES		~ .		θ.	IS RESIDENCE
		Peninsula				Ro	ute 2			YE	ON A FARM?
3.	NAME DF		rst	Middle		Last	I 4. DATE	Mon	th	Day	Year
-	(Type or print)	JIMM		LEE		DAVIS	OF DEAT		2-1-66	,	19
5.	SEX	6. COLOR OR RACE		NEVER MARRIED	311	B. DATE OF BIRTH	9.	E and the second			FUNDER 24 HRS. Hours Min.
	Male	White	WIDOWED		-	Dog 9 1	050		Months [Days	Hours Min.
108	. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR		Dec. 2, 1	State or fore		12. CIT	IZEN O	F WHAT
dur	ing most of work	ing life, even if retire	d) 11	NDUSTRY	. 1				COL	JNTRY?	
13.	FATHER'S NAM	udent	1 1510	ementry Sc	cho	O L WILLI	ord,	DeT.	US	AC	
1											
15		st Davis EVERINU.S. ARMED FO	DCF02 10	SOCIAL SECURITY NO.	1 17	Margie	Lync.	n Addre	000		
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)	SOCIAL SECURITINO.	17.	INFURMABI		Abult	192		
	No		_	None		rnest Day	ris, P	arsonst	ourg,	Md.	
		DEATH (Enter only on EATH WAS CAUSED BY		ine for (a), (b), and (c).							VAL BETWEEN T AND DEATH
	PARI I. DE	IMMEDIATE CAUSE		abetic Acid	losi	5.				de	my
	260	DUE	TO								0 -
	Conditions, If		(b) Di	abetes Mell	itu	S				X	vie
	couse (a), s		TO							0	
	underlying caus		(c)								
NOI	PART II. OTHER S	SIGNIFICANT CONDITION	ONS CONTRIBL	JTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	L DISEASE CON	IDITION GIVEN II	PART 1(a)	19.	WAS AUTOPSY PERFORMED?
CAT									531	YES	NO 🗌
CERTIFICATION	20a. EXTERNAL	CAUSE WAS CONTRIBUTING [] H.	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of injury in P	art I or Part II	of Item 18.)	1	
CE	CAUSE OF DEAT	н.									
MEDICAL		NJURY Month, Day,			e. PLA	CE OF INJURY (Home, ry, street, office bldg.	farm, 20f.	(City or town)	(Coun	ity)	(State)
	Hour a.r		While et worl	Not While et work	lacto	1 7, 31, 661, 611, 60 610 6.	, 0.0.,				
-				ains described abov	e. hel	d an Autopsy	Inspection	on X, Inq	uiry X,	and	In my opinion
1	death result	A	causes			cide . Homi	cide .	Undetermine	d manner		
	204117700416	& Di	1)	,			AL EXAMINER				
	ACTUAL SIGNATURE	1con	-18	~		M.D. ASSISTANT M	EDICAL EXAM	INER		22.	DATE SIGNED
		Earl L. Ro	yer, M	.DA			ICAL EXAMIN			2-11	66
	EXAMMER'S NAME (Type)	1	-	Salisbury,	Md	Address (Stre	et, city, town	i, or county)		2-4	_00
232	BURIAL CREM	ATION. 23b. DATE		23c. NAME OF CEN	ETERY	OR CREMATORY	23d. L	OCATION (CIty,	town or cour	nty)	(State)
	Burial	2/4/	66	Parsonsh	our	g Cemeter	3.A	Parsons	burg.	Mc	1.
24	. FUNERAL DIRE			ADDRESS		25a. R	EC'D BY REG	ISTRAR 25b.	REGISTRAR	SIGNA	TURE
	Denni	s Funeral H	lome, S	now Hill, M	d.	DATE	B 8'	1966	Marle	2 Que	de
-						1 0/1/6		#		1	0

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DIVISION OF STA	MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	BALTIMORE 1, MARYLAN
PLACE OF DEATH	2. USUAL RESIDENCE (Where decease	d lived, If institution: Residence befor

4 424			02303		CERTIFICAT	E UT DEATH	1	UK	-341	
death innera and death	_	1.	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased I	ived, If institution: I	Residence before admiss	sion
	1		a. COUNTY.		au au au	a. STATE	1	b. COUNTY	- V	
the after after	1000		b. CITY OR TOWN (If outs)		MARYLAND 1 c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (III	and	Umita purita pupai	eesler	10/27
- CL 03			write RURAL and give	nearest town)	C. LENGTH OF STAY IN 10	C. CITT OR TOWN (II	outside corporate	Illinits, write RORAL	and Bise heatest to	1711
in b			SALISBUR	4	PER SHEET LEVEL	Kural	Snew	Hill	23-2	
Signal Po			d. NAME OF HOSPITAL OR	INSTITUTION (if not in I	ospital, give street address	d. STREET ADDRESS			e. IS RESIDE	NC
24 h	20	-	Don's acal	· (-0.10.0.	1 Hochetal				ON A FARM	-
Barrier Transport	25 0	_	1 5 6 11 1 1 2 4 11	9 OFNYKI	1 HOSPIIN			Manth		
		3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year	
			(Type or print)	Watson	1). 1	icker so N	DEATH	-ehruary	17 19 6	
comple ve carl event.	1	5.	SEX 6. COLO	R OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNDER birthday) Months		
and com	2	1	nale wh	1:4 P WIDOWED	DIVORCED	Sept. 3 19	200 15	/ yrs. Months	Days Hours N	/lin.
		10a	USUAL OCCUPATION (GIVe I	kind of work done 10b.	KIND OF BUSINESS OR		ounty & State, or for	eign country) 12. C	ITIZEN OF WHAT	_
cial cia		dur	ng most of working life, e	ven if retired)	NDUSTRY	11/	4 44	C	OUNTRY?	
certificate be nding physician Then please removal.		12	Laborer FATHER'S NAME	1/134	utsclurging Man	Worcester	Car Mary	Brel 4	1. S. A.	
fica ph sn		13.	PATHER'S NAME			14. MOTHER'S MAII	DEN NAME			
ding ph Then		- 13	Marien 1)ickerson		Mary E.	Burke			
			WAS DECEASED EVER IN U.	S. ARMED FORCES? 16 war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
death ne atte		(10	(11 yes give	war of trates of service)	2 11 2/0/ 7	P	11 5	Wi	11 Mil	
at the deal an. d by the arransit perr		_	18. CAUSE OF DEATH IE	nter only one cause per		arl lenneu	Jelly 3.	1600 11.1	INTERVAL BETWE	FN
he sit			PART I. DEATH WAS		Inte 101 (a), (b), and (c).		7:0		ONSET AND DEA	TH
iat the			IMMEDI	ATE CAUSE (a)	KL4 /	maury	Tall use	2	1267	1_
E 0 W 1 .	5		3411	DUE TO	01	J- 1;	1 11			
physi physi physi sign burial			Conditions, If any, which		000	18 ructire	Emplu	Isema	year	9
qui ng sen to			gave rise to immediat	DILE TO			U			
마를 호	5		cause (a), stating the underlying cause last.							
tter thas as	1	NO) (c) NT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION	NGIVEN IN PART 1(a)	19. WAS AUTOF	
t: The Land or at ificate for use Health		CERTIFICATION							PERFORME	
il o	0	FIC						Do A II of Bon 46	YES NO	X
AN pita	5	RT	OR CONTRIBUTING CA	ERLYING 20b.	DESCRIBE HOW INJURY OCC	URKED. (Enter nature o	f injury in Part I o	r Part II of Item 18	5.)	
hospit s cert ched	2	CE	(IF EITHER, NOTIFY MEDI	ICAL EXAMINER)						
Heta He	3	CAL	20c. TIME OF INJURY N	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm, 20f. (City o	or town) (Co	unty) (Stat	e)
T T D of		EDICAL	Hour a.m.	While	MOT WHITE	ory, street, office bldg.,	etc.)			
d by After Stat	5	Σ	p.m.	19 at wor		1	- 1-1-	F1 1- 106	ale was more	La
TTENDI retained CTOR: A should should	2			~ /	led the deceased from_		946 to		d, that (1) (we)	
Short Short	3		saw the deceased a	live on TCO	16 19 66, and the	at death occurred at.	M, from th			OVI
I MI CO S			22a. SIGNATURE	200	1 1 1.1	ATTENDING/	MED S'	TAFF - 220. 1	DATE SIGNED	
y be DIR			70	anu re	XO I M. M	D. PHYS.	DIRECTOR PI	HYS. 🔲 2	-19-46	
4 may ERAL or, pa	5		22c. PHYSICIAN'S NAME (Type)	a.v. a.c.	215 -	22d. ADDRESS		11	11/	
SPI 4	3		MAME (13pc)	レ A I I I	RATAI		Snow	1/611	Ma	
TO HOSPITAL Page 4 may TO FUNERAL director, pa		23a		23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	ON (City, town or co	ounty) (State)
5 5 5 P	0		REMOVAL (Specify)	1-10-11	M+ MI	1	Snow	41.11 h	11/	
	K	24	FUNERAL DIRECTOR	19-00	ADDRESS	emelery 26a, RE	C'D BY REGISTRAR	1 25b. REGISTRAF	R'S SIGNATURE	
Vo Ase (6)	W,	-	7	1,11 .		/ " [[D 0 4 100	1 001,-	Pa 0	
VR A15 (4)	in		Tomas 4	Manne	Snow Hill	MAL DATE C	B 21 195	o finary	in Juage	

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AND THE WAS DESCRIBED TO A PARTY OF THE PART THE PARTY WILL SELL MAN AND THE PARTY THE PARTY TO SELL SELLENGE THE PARTY TO SELLENGE THE PARTY THE PARTY TO SELLENGE THE PARTY TO SELLENGE THE PARTY THE FOR STATE necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page with the State Department of within 72 haurs after death.

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MESTAL EXAMINER:

5 may be retained far yaur files.

VR A15ME (5) 6M 1/66

Health or its designated agent, prior to burial, cremation, or removal, and in any TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	02\$88 M	EDICAL EXAMINER'S	CERTIFICATE	OF DEATH	02972
1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENC o. STATE	E (Where deceosed lived, if institution b. COUNTY)	
	b. CITY DR TDWN (If outside corporate limits, write PURAL and give nearest town)	c. LENGTH OF STAY IN 16	1	outside corporote limits, write RUR NOW Hill	AL ond give neorest town)
	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospite Peninsula: General Hospit		d. STREET ADDRESS	413 Covington S	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF Pirst DECEASED (Type or print) Elenora	Middle Drun	mond	4. DATE Mont OF 2-27	
S.	SEX 6. CDLOR OR RACE 7. MARR F AA WIDOV		B. DATE OF BIRTH 2-27-12	9. AGE (In years last birthdoy)	Months Doys Hours Min.
10e du	ring most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY Domestice	11. BIRTHPLACE (St.	ote or foreign country)	12 CITIZEN OF WHAT
13	Curtis Bishop		14. MDTHER'S MAIDE Lottie	Short	
1S (Y	(If yes give wor or dotes of service)		hirley	Johnson, Snow	and the same of th
	IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (o) lost. (c)	e for (o), (b), ond (c).) cute pulmonary	edema		INTERVAL BETWEEN ONET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port II of item 18.)	
MEDICAL	Hour o.m.		ACE OF INJURY (Home, f tory, street, office bldg., e		(County) (Stote)
23	21. I certify that I taak charge of the death resulted from Natural causes ACTUAL SIGNATURE EXAMINER'S Earl L. Royer, NAME (Type) 1,09 Camdon Ave 0. 8URIAL CREMATION, REMODILIPATED 1 235 PATE HER OF	Accident , Sui	CHIEF MEDIC M.D. ASSISTANT M DEPUTY MED Address (Sh CREMATORY		22. DATE SIGNED 3-1-66
	4 FUNERAL DIRECTOR	Cool Sprin	2Sq. R	EC'D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE

· The grant of the same

-Pages completely pou physic attending please oval permit. by has been signed to burial-transit p ending the hospital or certificate S 0 prior use Po _ After th 40 DIRECTOR ate m page with th HOSPITAI FUNERAL

LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b COUNTY MARVIAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moulside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest lown) 15 bur d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE A Month Day DECEASED OF (Type or print) DEATH 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED fast birthday) WIDOWED [10a USUAL OCCURATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED PORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, go, er unkown) | (Ifyesgivewerordatesofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? YES T NO T 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 Month, Day, Year 20f. (City or town) (County) (State) While Not While factory, street, office bldg., atc.) et work et work 6, 19, that (I) (we) last19......., and that death occurred at.T. A.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS NAME (TYRE) DATE THEREOF 23d. LOCATION (City, John or county) CEMETERY OR CREMATORY BURIAL, CREMATION, 236

25a.

REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

VR A15 (4) 0 20M S-63

filed v

24 FUNERA

DIRECTOR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY s. Pages 1 shours after of after Wicomico Maryland Queen Anne's c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 101 Days Salisbury Chester papers. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? Deer's Head State Hospital, Salisbury, Md. NO/ WE completely carbon NAME DE First Middle Last DATE Month Day Year remove carbo DECEASED DEATH 19 66 (Type or print) Eaton Tilghman AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED TE NEVER MARRIED last birthday) Months I Days WIDOWED DIVORCED White 10a, USUAL OCCUPATION (Give kind of work done l 12. CITIZEN OF WHAT and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) CQUNTRY? hester. Maryland Waterman certificate 13. FATHER'S NAME removal, Ogle Tilghman Eaton Amelia Edenfie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFDRMANT transit permit. death (Yes. no. or unkown) (If yes give war or dates of service) hester. Maryland Roy Catonbeen signed by the the burial-transit for to burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral vascular accident 9 days the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis. General Cenditions. If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate h detached for use te Dept. of Health for use Health PERFORMED? YES -X NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) CAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm,) (County) (State) 20c. TIME OF INJURY Month, Day, Year DIRECTOR: After that age 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. MEDI Not While at work at work 650 19_ 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 0:1 5M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 277/66 page ATTENDING PHYS. DIRECTOR Page 4 may HOSPITAL TO FUNERAL 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Deer's Head State Hospital, Salisbury, Md. V. Juerman, M. D. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Stevensvil Stevensville. teb Burial 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Maryland VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

to the second of sale hideland falm sales To the Dayman, M. D. Down Carte West Carte West Late Co. C. C. Co. . Admirant de de la company de The state of the second of the second 12

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thrany event, within 72 hours after the thin and the complete of the state Dept. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND'STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2991
CERTIFICATE OF DEATH

-			VIV.
1	a. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY W1.	esidence before admission) COMICO
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mardela	c. CITY OR TOWN (If outside corporate limits, write RURAL Salisbury	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
5	Maple Shade Nursing Home	215 Marshall Stree	LES LIND
3	DECEASED (Type or print) DORA MAE	ENNIS 4. DATE Month FEB.	10 1966
5.	7. WARRIED NEVER WARRIED	Sept. 14/1880 9. AGE (In years IFUNDER last birthday) 85 yrs. Wonths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
11 di	Da. USUAL OCCUPATION (Give kind of workdone IDb. KIND OF BUSINESS OR INDUSTRY House work at home	11. 8IRTHPLACE (County & State, or foreign country) 12. C	S A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Norris Holloway	(Unk)	
(5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Mr. No. (If yes give war or dates of service) Mr. Ma:	s. Helen E. Windsor (Daughte rshall St. Salisbury, Mary	r)215 land
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	0	INTERVAL BETWEEN ONSET, AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrul / Ke	2 days	
	Conditions, If any, which DUE TO Reveral arts	rio sclerosis	(7)
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Thurmative	12 hrs.	
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO X
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While p.m. 19 While at work at work	CE DF INJURY (Home, farm, 20f. (City or town) (Court, street, office bidg., etc.)	enty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 4 and that	death pocurred at M, from the causes and on the	that (I) (we) last
	22a. SIGNATURE 45. 7 Whlman M.D.	ATTENDING MED. STAFF PHYS. PHYS.	ATE SIGNED
	Physician's NAME Dr. H.S.Kuhlman	22d. ADDRESS Sharptown, Maryland	
23	a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY		The last section of the la
	Burial Feb. 13/1966 Parsons C	emetery Salisbury, Mar	
	4. FUNERAL DIRECTOR ADDRESS #OLLOWAY & COMPANY SALISBURY MARY	LAND DEEB 17 1966 1 Cliently	
. 1 4	IULIUMAL & CUMEMNI DALLIDBUNI, MANI.	LAND DATEL DIE MONTH	as more

VR AI5 (4) 2DM 1/65

BESTWIN Miconing opimpo/H VYBCRITER. ALSOTE! 215 Marchall Street Maple Shade Muraing Home PEB. 10 DOBA 390t.14/1680 85 Manale White H.D. FROrling Maryland source print the mone (XaU) Morris Holloway Pre. Halon E. Madsor(Doughter) 214

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Sharptone, Marylani

Buriol Feb.13/1966 Persons Cemetery Salisbury, Muryland

HOLLOWAY & COMPANY SALISBURY, MARVIAND A

a Same . . . 10

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY comico MARYLANO c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b Write RURAL and give nearest town) Church d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS 0 NAME OF First Middle DATE

NEVER MARRIED

10b. KIND DF BUSINESS DR INDUSTRY Factory

16. SOCIAL SECURITY NO.

DIVDRCED

Last

DATE OF BIRTH

INFORMANT

17.

4.

11. BIRTHPLACE (County & State, or foreign country)

MOTHER'S MAIDEN NAME

DEATH

9.

e

040

b. COUNTY

Month

yrs.

Address

comack

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | Hours | Months | Days | Hours | Min.

e. IS RESIDENCE

DN A FARM? ND X

Year

INTERVAL BETWEEN

ONSET AND DEATH

12 MONS

1966

funeral and 2 r death. hours after death. Pages 1 urs after ve carbon papers. Pag event, within 72 hours filled in requires that the death certificate be executed within completely emove any eve and the attending physician t permit. Then please nation, or removal, and in s been signed by the attues the burial-transit permi ior to burial, cremation, o OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. prior TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior TO HOSPITAL O

3.

5. SEX

DECEASED

(Type or print)

Laborer 13. FATHER'S NAME

Conditions, if any, which

rise

OR

(If yes give war or dates of service)

IMMEDIATE CAUSE (a)

CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]

(b)

DUE TO

WIDDWED

6. CDLOR

1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)

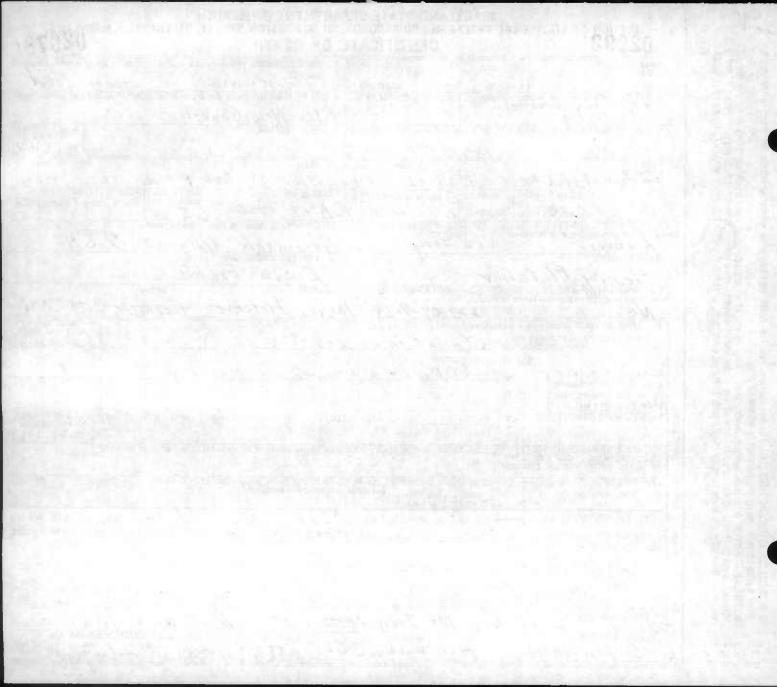
15. WAS OECEASED EYER IN U.S. ARMED FDRCES?

PART I. DEATH WAS CAUSED BY:

to Immediate

DUE TD cause (a). stating underlying cause last, (C) WAS AUTDPSY CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? ND C YES ! DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL | 2De. PLACE DF INJURY (Home, farm, | 20f. (City or town) (County) (State) TIME DF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour a,m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 45 All, from the causes and on the date stated above. and that death occurred at 66 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENOING PHYS. MEO. 966 M.O. DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 22c. OX BURIAL, CREMATION. DATE THERED NAME OF CEMETERY CREMATORY LDCATION (City, town or county) (State) 23b. REMDVAL (Specify) NICTHOO REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. Comac DATE

VR A15 (4) 15M 4-64



VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

112333	CERTIFICATI	E OF DEATH		· ·	16343
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When			before admission
Wicomico	MARYLAND	a. STATE Marvla	nd b. count	Wicomi	co
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside			
write RURAL and give nearest town)		Fruitla	nd	2.2	_/
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		00 101	IS RESIDENC
FENINSULA GENERAL	HOSPITAL	post office	e Box For	witters	ON A FARM?
3. NAME OF FIRST DECEASED	Middle	1/1-0 01	ATE Month	Day	Year
(Type or print) EIEANCK	PARIE GAK	41-61	EATH FEDRUA	R. 9 19	1966
5. SEX 6. COLOR OR RACE 7. MARRIED	MELEK WAKKIED [B. DATE OF BIRTH	9. AGE (In years IF last birthday)	onths Oays	Hours Min.
TEMALE NEGRO WIDOWED		Tuly 1,1933	32 yrs.		
	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & S	tate, or foreign country)	12. CITIZEN O	
13. FATHER'S NAME		Maryland		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E		
Fredrick Waters		Annie Wrigh	nt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
	15-36-1356 En	milev Wright	R.F.D.2 Ed	ien Md.	
18. CAUSE OF DEATH [Enter only one cause per l		1-05	1 1-1	INTER	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	bacute Wa	cterral and	ocerdites	UNSE	ET AND DEATH
4306 OUE TO			7-07		
Conditions, if any, which (b)					
gave rise to immediate (
cause (a), stating the DUE TO underlying cause last.					
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PA		WAS AUTOPSY
CAT					PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of		74
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	NJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm,) 20	Of. (City or town)	(County)	(State)
Hour a.m. While	Not While facto	ry, street, office bldg., etc.)	413 3 3 5 5		
		2/** 4 1966	to 2/19	1066 11	- F. (1) (
21. I certify that (I) (this hospital) attend	1	13,37			at (I) (we) las
saw the deceased alive on 2,19	and that	death occurred at SAN	I, from the causes at	22b. OATE SIG	
Nand /	X:// "	ATTENDING MED.	STAFF		
22C PHYSICIAN'S	Delmore M.D	1 22d ADDDESS			
NAME (Type) David J. Gi	.lmore, M.D.	Medical Ce	enter, Sal	isbury	, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, tow	n or county)	(State)
Burial 2/ 22/1966	Eden		Eden	Md SISTRAR'S SIGNA	ATUDE
24. FUNERAL DIRECTOR	ADDRESS	25a REC'D BY F		1 0	ATURE
Chuton of Allbar	+ Jalis	- STATE DATE	1330	ances for	roge

post office Box fruit

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-verticore carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours/after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

C

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0255	14		CERTIFIC	CAT	E OF DEATH	1		()	290	1)
1. PLACE DF DEA a. COUNTY	Wicomico		MARYL	AND	2. USUAL RESIDENCE a. STATE Mar	E (Where	P COLL	ITY _	esidence be	. /
b. CITY OR TOWNITE RURA Sali	WN (if outside corpora L and give nearest tov .sbury	te limits, (n)	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside		Ite RURAL	and give r	earest town)
	OSPITAL OR INSTITUTIO	ON (If not in ho	spital, give street add	dress)	d. STREET ADDRESS				e. I	S RESIDENCE
	s Head Stat		tal						YES	□ No 🕱
3. NAME OF DECEASED (Type or print)	Ger	rst 'trude	Middle		Last Goodhand	4. DA	ATH Feb		Day	Year 19 66
5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	24	April 1,187	8	9. AGE (In years last birthday) 87 vrs.	Months		JNDER 24 HRS lours Min.
1Da. USUAL OCCUPA during most of wor Housework	TION (Give kind of work king life, even if retire		ND OF BUSINESS OR IDUSTRY		Queen Anne	ounty & St	ate, or foreign country		TIZEN OF UNTRY?	TAHW
13. FATHER'S NA		110	anc		14. MOTHER'S MAID			0.0		
Camual Ct	urgis Goodh	and			Eugenia Su					
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	1 17.	INFORMANT	orer.	Addre	ss		
(Yes, no, or unkown)	(If yes give war or dates	of service)		1		ماله مساه			- Wa	21660
No.			.7-36-1731		Sudler Goo	anana	, Sugler	SATITE		
	DEATH [Enter only on DEATH WAS CAUSED BY	-							ONSET	AL BETWEEN AND DEATH
(A	IMMEDIATE CAUSE	(a) Car	clnoma of i	righ	t breast wi			and	55	yrs
170	X DUE	TO				ma	astectomy			
Conditions, If		(b)								
cause (a),		TO								
underlying cau		(c)								
PART II. OTHER		***************************************			TED TO THE TERMINAL D		ONDITION GIVEN IN	PART 1(a)	19. W	AS AUTOPSY RFORMED?
Hypert					scular dise	100000			YES	NO X
OR CONTRIBUTION (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY	Y OCCU	RRED. (Enter nature of	f Injury Ir	Part or Part c	of Item 18.)	
Hour a	INJURY Month, Day, .m. 19	Year 2Dd. In While at work	- Not While -		CE OF INJURY (Home, fa ry, street, office bldg., e		f. (City or town)	(Cou	nty)	(State)
The second second	ify that (I) (this hos			nm	11/29 11	965	to Feb. 1	1. 19 6	6 that	(1) (we) last
	eceased alive on				death occurred at		from the causes			
22a. SIGNATU	JRE .	1 1 2		id tildt		:30 I			ATE SIGNE	
	IN.	Maleli	4,	M.D	ATTENDING T	MED. DIRECTOR	STAFF PHYS.	2	/14/6	6
22c. PHYSICI NAME (AN'S L. V.	Maldve,	M. D.		22d. ADDRESS		tate Hospi	-	- 17	
23a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City, to	own or cou	inty)	(State)
23a. BURIAL, CRE REMOVAL (S) Burial	Feb. 17	7,1966	Sudlersvi	lle	Cemetery	Suc	dlersville	, Q.A	.Co;	Md.
24. FUNERAL DIR			ADDRESS		/ 25a. REC		EGISTRAR 25b. R			JRE
Mine	1 7/1	1 /3771	11.	20	DATEEB	17	1956 80	liante	, Que	Las

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TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciental completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0.001
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Wicomico MARYLAND	a. STATE b. COUNTY WICOMICO
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	QUANTICO 22-1
d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITA	YES NO L
3. NAME OF DECEASED (Type or print) & the Disharoon &	GORDY 4. DATE Month Day Year OF DEATH FEBRUARY 21 19 66
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WhitE WIDOWED DIVORCED !	APRIL 28.1894 69 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY RETIRED MERCHANDICE	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELMER T. DISHAROON	LILLIE SMOOT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	HERMAN GORDY QUANTICO, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MUST BUT	Who was
4201 DUE TO 11 11 11	
Conditions, if any, which (b) Astrolly A	year would you
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	<i>V</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED 200. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES YES
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	, (Elis)
facto	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	11/61 1966 to 2.211, 1966 that (1) (we) las
saw the deceased alive on 2,13, 1940, and that	t death occurred at 7 AM, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M.E. M.E.	D. PHYS. DIRECTOR PHYS. 1 1-12-100
22c. PHYSICIAN'S HABRICLE	12 ADDRESS CUCCINHER Sales mu
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 2/24/1966 QUANTICO C	CEMETERY QUANTICO, MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
LEVIN R. WILSON PRINCESS ANNE, MI	o DATEAR 1 1956 Clearles Judge

BULLET BY MALE CALCARY COUNTY ON THE CALL OF THE COUNTY OF THE CALCARY COUNTY OF THE CAL THE PARTY OF THE P

death.

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certificate

death

PHYSICIAN: The law requires that the

and 2 by the the on papers. Pag within 72 hours .≡ filled physician in please r and remova transit permit. the has been signed by the e as the burial-transit h prior to burial, cremati the hospital or attending physician. r this certificate hadetached for use a te Dept. of Health p OIRECTOR: After than age 3 should be det filed with the State D þ retained pe page :

and completely fremove carbon part any event, within 4 may O FUNERAL director, p

Item 18 Film G373 2/MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Wicomico MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Davs Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES Deer's Head State Hospital, Salisbury, Md. NO Hastings St. NAME OF First 4. OATE Year Middle Last Month **OECEASEO** 1966 Feb. (Type or print) Gras SDEATH 6 Frances Shores 5. SEX AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEO NEVER MARRIED last birthday) Months I Hours | Female White Jan-13/1893 WIOOWEO A DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

NDUSTRY

Sunshine Laundry (Mach. Operator-Retired) Somerset Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Jessie Messick Susan Messick Messick Ir. Norman W. Shores, Sr (Son)P.O.B.#41 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. (Yes, no, or unkown) (If yes give war or dates of service) Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Yearl Generalized Carcinomatosis IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which Pancreas or ovary gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? CERTIFICATI YES TOT NO T 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19.66 to 19_66. that (I) (we) last and that death occurred a 2:00 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 2/7/66 ATTENOING STAFF PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) Juerman. Deer's Head State Hospital Salisbury Md. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Parsons Cemetery Salisbury, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY, MARYLAND 1966

VR A15 (4) 1/65 20M

Such to one of the beat business, so. And the banks of the SEOTE Tamile | Nite | x | 300,12/1893 Junsiine Lundry (1 oh, Onepston-Retired) Compart Co. 1. U. A Susan Messick Messick r. Moress . Shores, Sr(Sor L. 1.8. 41)

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Leton. healty. H. wande Lieb Persons Cemetery

GY EXAM, YEIEST IN THOS A YAMOTTON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.0000	
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Occornico MARYLAND	a. STATE Delaward b. COUNTY Sussex
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
Owrite RURAL and give nearest town)	Sochemelle 46-3
ANAME DE HOSPITAL DE INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Peninsula General Hospital	ON A FARM? YES NO D
3. NAME OF PIRST O MIDDLE	Last 4. DATE Month Day Year
(Type or print) Laved Thanklen	HALL DEATH HEBYUANY 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years DUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male Coloned WIDOWED DIVORCED Y	200 5, 1965 yrs. 3 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY2.
during most of working me, even in focused)	Wiconies Co Agus bury U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME May
Harrison Totall	Irone monk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address (C C C
(11 yes give war or dates of service)	ene Monk Hall Gelbyrelle, Del,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
14 91 X PULL TO	Ammin Maria
Conditions, if any, which \	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TANT II. OTHER SIGNIFICANT CONTINUES CONTINUES TO SERVICE STATE OF THE S	PERFORMED?
200 ACCIDENT WAS INDEDIVING TO 1 200 DESCRIPE HOW IN HIDY OCCU	YES NO PER /Enter nature of injury in Part I or Part II of Itam 19
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO COULD TO THE PARTIE OF CONTRIBUTING TO COULD TO THE PARTIE OF T	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While at work at work	ry, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased from	428, 1960 to 428, 1966, that (1) (we) last
	death occurred at 75M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Mul Carelin M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. D 2/28/66
22c. PHYSICIAN'S NAME (Lype)	22d. ADDRESS
NAME (Type)	medical Center seliming, my.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Mar. 2, 1966 Germento	Tun Berlen Md.
24. PUNERAL DIRECTOR / ADDRESS & A	25aREC'D-BY-REGISTRAR 25b. REGISTRAR'S SIGNATURE
Heury H, Walson Pocomoke Cele	1) My DATEAR 1 1966 Ochanles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, to in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PINEIGN

CERTIFICAT	E OL DEVIU	A 506 a 1
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	tesidence before admission)
a. COUNTY	a. STATE Maryland b. COUNTY W1	comico
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL	
write RURAL and give nearest town)	Coliabuny (Dunol)	0 0 1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d arount appares	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street address)		ON A FARM?
PENINSULA GENERAL HOSPITAL	R.D.# 1	YES NO
3. NAME DF Frederick First Middle	Last 4. DATE Month	Day Year
(Type or print) F K F / GRICK Ernest Geo.	HEYSE DEATH FEBRUAR	V / 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	
MALE WHITE WIDOWED DIVORCED	July 18/1924 41 VIS. 6	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
during most of working life, even if retired) City Administrator (Manager) Pocomok		S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frederick George Ernest Heyse	Helen Tearne	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) MY	informant c. Heyse (Wife) R.D.	#1
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	llisbury, Maryland	INTERVAL BETWEEN
DART I DESTINATE ORIGINAL PARTY AND THE PARTY OF THE PART		ONSET AND DEATH
IMMEDIATE CAUSE (a) Cause Co	- Occlusion	M/N,
Conditions, If any, which \ DUE TO COLORARY ARRIES	201-0-01	1/000-
Conditions, if any, which gave rise to immediate (b)	exclinesis	LEWE?
cause (a), stating the DUE TO		EL CENTROL OF THE PARTY OF THE
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18	.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PLA factor 20d. PLA factor 20d. INJURY OCCURRED 40. PLA factor 20d. PLA factor 2	ory, street, office bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	241	6, that the (we) last
	at death occurred at 93 M, from the causes and on t	
22a. SIGNATURE	4	DATE SIGNED
(piver & muse, je, M.	D. PHYS. DIRECTOR PHYS. PHYS.	.2/1966
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
NAME (Vice) Hubert R. White, Jr	Fruitland, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
Burial Feb. 7 /66 Arlington Na	ational Cem, Arlington, Vi	rginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	7.7170000000000000000000000000000000000
HOLLOWAY & COMPANY SALISBURY, MARY	ILAND DATE EB 7 1966 Milane	es Judge

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THE 18/10/2017

City Administer top (Manager) Posonoke Bringerort, Cont. Brederick George Ernert Heyes Heireherd

while close Corneling Stellander

The Tames C. Peyse (118) 1. D. 11 WallyneW. Veudalles.

Dr. Hubert B. White, Jr . . Pruttland, Moryland

Sinisi Feb. ? /66 Pritageon Metional Cas. Prington, Virginia

BOLLOWRY & CONGREY SPLISHERY, MARYLAND & YOMOJICE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2000 22 death. PLACE DF DEATH funer and and death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico by the f Pages 1 urs after 24 hours after Marvland Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Pagin 72 hours Days Salisbury Salisburv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE completely filled ove carbon papers. d. STREET ADDRESS ON A FARM? Deer's Head State Hospital, Salisbury. Md. 318 Boulden Lane NO YES executed within NAME DF Last 4. DATE Month Day Year First Middle DECEASED 1966 DEATH (Type or print) Ferman Hicks Feb. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED and emo Male WIDOWED Negro DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician ease oval and in 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? The law requires that the death certificate be during most of working life, even if retired) INDUSTRY 13. (FATHER'S NAME 14. MOZHER'S MAIDEN NAME remova been signed by the attending the burial-transit permit. Then or to burial, cremation, or remov 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (14 765 give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis, general Years Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health YES T NO X 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 1900 2/26 66 21. I certify that (I) (this hospital) attended the deceased from 19 66 and that death occurred at 6:30%, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MED. DIRECTOR STAFF M.O. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Juerman, M.D. Deer's Head State Hospital, Salisbury, Md 23d. /LOCATION (City, town or county) 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. REMOVAL (Specify) REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician atteronpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

PLACE DE DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY W	lcomico	MARYLAND		ryland b. COUNTW1c	omico
b. CITY OR TO write RURA	WN (if outside corporate limits, LL and give nearest town)	c. LENGTH OF STAY IN 1b	Hel	outside corporate limits, write RURAL	and give nearest town)
d. NAME OF H	OSPITAL OR INSTITUTION (if not in	hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE
	en.Gen.Hospital		Wa	Lnut Street	ON A FARM?
3. NAME OF DECEASED (Type or print)		Middle ELLEN	HOPKINS	4. DATE Month DF DEATH FEBRUARY	Day Year 10 19 66
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female	White WIDOWE	D DIVORCED	Mar.4/1892	2 73 yrs. Months	Days Hours Min.
during most of wor Grocery 13. FATHER'S NA	Store Owner	KIND OF BUSINESS OR INDUSTRY - Retired	Hebron, Ma	aryland U°	OUNTRY?
			14. MOTHER'S MAIL		
Henry F				Humphreys	
(Yes, no, or unkown)	(If yes give war or dates of service)	2-10-2694	Clifford St. Hebror	J. Hopkins (Husba Maryland (PI-	nd)Walnut
	F DEATH [Enter only one cause per DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
~ 0	IMMEDIATE CAUSE (a)	111ABY C	1 BBHOSI	2	3 mons
000 8 1	DUE TO				
Conditions, If					
cause (a),	stating the DUE TO				
underlying cau		NITING TO BE 1 THE TOTAL OF THE			
FICAT		BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	T WAS UNDERLYING 20b. TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		URRED. (Enter nature of	Injury In Part I or Part II of Item 18	.)
Hour a.		e Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		unty) (State)
21. I certi	Ify that (I) (this hospital) aften	ded the deceased from	1/13, 14	196	(, that (I) (we) last
	eceased alive on 2 //o	19_66, and tha	it death occurred at	M, from the causes and on t	
22a. SIGNATU	JRE /				ATE SIGNED
10	In In Osloker	M.	D. PHYS.	DIRECTOR PHYS. PED.	13/1966
22c. PHYSICI NAME (1	or John Blex	om	Medical C	enter Salisbury	Maryland
23a. BURIAL, CREI	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, town or cou	
Buria!			etery	Hebron, Marylan	
HOLLOWAY		ADDRESS LISBURY, MARY	TAND 25a. REC	1 5 1966 Acharle	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THAM DATE B	10 1300	

VR AI5 (4) 20M 1/65

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Henry Phippis.

21.2-10-2694

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fr. Clifford J. Hopkins (husband) Minut

AND THE PARTY

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Pationa Center a Tlanuary, Maryland

Hebron, Maryland

1966

HOLLDARY C COMPANY SALISBORY, MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEP	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BAL	TIMORE 1, MARYLAND
03001	CERTIFICATE	OF DEATH		1129

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Diennien MARYLAND	a. STATE Maryland b. COUNTY Wiconico
b. CITY OR TOWN (If outside corporate limits, write.RURAL and give nearest town) C. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
Salisburg	Salisbury 22 _ /
d-NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Teminsula General Asptal	301 N. Clairmont Dr. YES NOK
3. NAME DF DECEASED (Type or print) MARY RUTH HOSTE	Last 4. DATE Month Day Year DEATH A. D. 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	June 15/1901 64 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Legal Secretary-Retired	Somerset County, Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Major Whitehead	Susan Harriet Aydelotte
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Harry B. Hostetter (Husband) 301 North airmont Drive - Salisbury, Md (2-2512
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Zip Code-21001 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 / majorn
Conditions if any which I	approx
Conditions, if any, which gave rise to immediate (b)	exiconepriories 242
cause (a), stating the DUE TO	
underlying cause last.) (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ADDRESS PERFORMED? YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Not while	ry, street, office bldg., etc.)
	Feb. 6 10/11 Feb. 38 10/6/6 14 4 11 (11) 100
21. I pertify that (I) (this hospitally attended the deceased from saw the deceased alive on 1 2 1965, and that	t death occurred at 33 M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Aland & Delsure M.D	D. ATTENDING X MED. STAFF PHYS. Reb. 28/1966
22c. PHYSICIAN'S NAME (Type) David J.Gilmore	Medical Center Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 1 23d 1 OCATION (City, town or county) s (State)
REMOVAL (Specify)	ne Cemetery Accomac County, Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MARYI	1110 7
Inorthough of Colleges During Out & Light I	LAND DAYEATT 1000 June

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301 M.Cleirsont Dr.

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Legel Secretary_Hettred Somerset County, Margland U.S.A.

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21/4-10-37 0 Cleirmont Divector (Bushand) 301 North

Beb. 28/1966

illiam Major Mitehess

David J. Cilmore Medical Conter Sallabury, Farriand

Burisl Mar. 2/1966 Virginia Line Cometery Account Country, Tw.

GUALITHAM, THURSTIAS YMARIOO & YAWGLICH

FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the functal director. Page 4 should be farwarded to the Chief Mallin.

TO DEPUTY ME

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

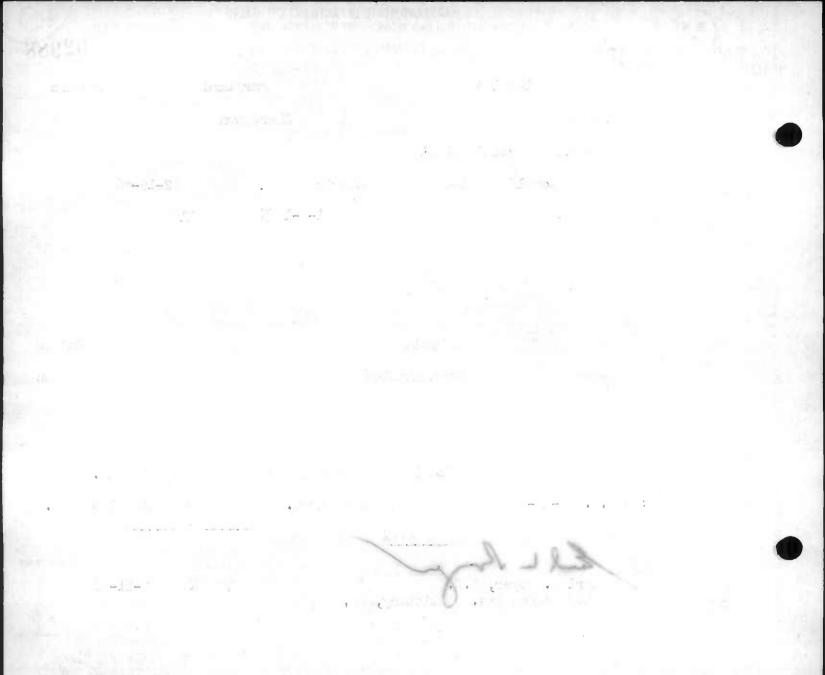
VR A15ME (5)

00000

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02988

	03006		CERTIFICATION OF DEATH	0.000
	PLACE OF DEATH O. COUNTY Wicom	dco MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if o. STATE Mary Land	nstitution: Residence before odmission) o. COUNTY Wicanice
	b. CITY OR TOWN (If autside corparote limits, write BLAT and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, we Sharptown	ite RURAL and give nearest tawn)
5	d. NAME OF HOSPITAL OR INSTITUTION (If not Peninsula Genera		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
-	3. NAME OF First DECEASED (Type or print) Donald		OF DEATH	Month Day Year 2-19-66 19
		7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-6-1955 9. AGE (In ye lost birthe	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Wish Min.
1	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARY AIN C	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	ytton	14. MOTHER'S MAIDEN NAME	lawn.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of s		INFORMANT ROLLOS	Address Mahun Md
=	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	Asphyxia	comment from	INTERVAL BETWEEN ONE T AND DEATH
	Conditions, if ony, which gove)	Strongalotte		Sudden
	rise to immediate couse (a), stating the underlying couse last.			
11012	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO K
	200. EXTENNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		(Enter noture of injury in Port I or Port II of item	18.)
2	20c. TIME OF INJURY Month, Doy, Year 3:50 Parts 2-19-66	20d. INJURY OCCURRED 7 20e PLA	ACE OF INJURY (Home, form, 20f. (City or to	
		of the remains described above, he causes , Accident , Solid	eld on Autopsy 🔲 , 🔝 Inspection 🔼 ,	Inquiry and in my opinion
	ACTUAL SIGNATURE	B	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMMER'S Earl L. Roye NAME (Type) 109 Camden		DEPUTY MEDICAL EXAMINER	2-21-66
	230 BURNO, CREMATION, 23b. DATE THERE	EOF 23c. NAME OF CEMETERY OR		consco Md.
	24. FUNERAL DIRECTOR B. Was	shell East	250. RECD BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE



se executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 'E OF DEATH
1. PLACE OF DEATH a. CDUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 2 2 -/
d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) Springhill Private Sanitarium	d. STREET ADDRESS 305 Park Avenue 6. IS RESIDENCE ON A FARM2. YES NO
3. NAME DF First Middle (Type or print) MARY SUSAN (MOLLIE)	INSLEY 4. DATE Month Day Year DF DEATH FEB. 28th 1966
Female White WIDOWED Z DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS last birthday) 86 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife at home 10b. KIND OF BUSINESS OR INDUSTRY NOTE	11. BIRTHPLACE (County & State, or foreign country) ACCORAC CO., Va. 12. CITIZEN OF WHAT UCDUNTRY?
Johannas L. Byrd	14. MOTHER'S MAIDEN NAME Elizabeth Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. (15 yes give war or dates of service)	Kerns Mears (Son) 734ddrs Park Drive Salisbury, Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quelo Caudiac	decomplusation Interval Between ONSET AND DEATH
Conditions, If any, which DUE TD Conference selections	tie heart desine
gave rise to immediate cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE P	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor at work p.m. 19 at work at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and tha	at death occurred at M, from the causes and on the date stated above.
22a. SIGNATIVE 22c. PHYSICIAN'S A Real M.I.	D. PHYS. MED. DIRECTOR PHYS. 22b. DATE SIGNED 22b. DATE SIGNED Mar. Z 166
NAME (Dr. Philip A. Insley	Main Street Salisbury, Maryland
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PARSONS (PARSONS (PARS	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) Salisbury, Maryland

VR AI5 (4) 20M I/65

FUNERAL DIRECTOR

YAWOLLOH

COMPANY

SALISBURY, MARYLAND

REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b.

ADDRESS

origoof

Salisbury

Johnnas L. Cyrd

Springelll Private Santtenlum

MARY SUSAN (MOLLIE)

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House wife mt home none makecomme Co., Vs.

Slighe distant

L. Merns Mears(Son) 724 5. Park Drive

Or, Philip A. Insley Main Street Seliabury, Maryland

Burisl Mar. 3/1966 Persons Cometery Selisbury, Maryland

HOLLOWAY & COMPANY SALISBURY, MARYLAND ... WIS TO SEE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death dead USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Worces by the formal Pages 1 urs after Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN Af outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Pag n any event, within 72 hours Stockton d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) filled in e. IS RESIDENCE ON A FARM? NO D YES executed within completely NAME OF DECEASED Month 3. First Last DATE Middle 4. OF DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH SEX 8. 7. MARRIED NEVER MARRIED Months Days and DIVORCED WIDOWED 12. CITIZEN OF WHAT the attending physician at permit. Then please reation, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physiclan. during most of working life, even if retired) 5 05 e FATHER'S NAME INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) DEATH WAS CAUSED BY: Days IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 21. I certify that (I) (this/ Mospitallattended the deceased from saw the deceased alive M, from the causes and on the date stated above. and that death occurred 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF M.D. TO HOSPITAL OF Page 4 may 8 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) URIAL REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR REC'D BY VR A15 (4) 15M 4-64

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apg 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AN	D RECORDS	PARTMENT OF I		E 1, MARYLAND
1.	PLACE OF OEATH	THIOAI		(Where deceased lived, If Institu	ution: Residence before admission)
-	a. COUNTY	444 mW 441m	a. STATE	b. COUNTY	11.
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (If ou	g Nd tside corporete limits, write	RURAL end give nearest town)
	write RURAL end give nearest town)		Quant		22 - 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Po	ningyta General		130×44		YES NO
3.	OECEASEO (Type or print) EMMA FIEN	E)	opnson	DATE Month OF DEATH Februar	Day Year 19 66
5.		MARKIED 4	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNOER 24 HRS.
20	10Le Degro WIOOWEO			932 33 yrs. Ty & State, or foreign country)	12. CITIZEN OF WHAT
dur	ing most of working life, even if retired) INOUSTRY	NESS UK			COUNTRY?
13,	Domestic FATHER'S NAME		Maryla	nd NAME	U.S.A.
	Talan Talanaan		Clarisa	Dochiell	
15 (Ye	. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECULAR, no, or unknown) (If yes give war or dates of service)	URITYNO. 17.	INFORMANT	Dashiell	
	NO 19 CANCE OF DEATH SENSON ONLY ON A SAME FOR (a) (b)		onard Johns	on Quantico	Box 44
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (I	3), and (c). J.			ONSET AND DEATH
	447 X IMMEDIATE CAUSE (a) QAPPE	70000		1 1	
	Conditions, If any, which	Leure	ve Vasc	ulal deles	el 2 uceles
	gave rise to immediate cause (a), stating the				
~	underlying cause last. (c)	ema			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEA	ATH BUT NOT RELA	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOOR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCU	URRED. (Enter nature of Ir	Jury In Part I or Part II of I	tem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not Wh at work at work	lle facto	ACE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
2	21. I certify that (I) (this hospital) attended the dec		19_	(doto 2-29	19 06 that (1) (we) last
	saw the deceased alive on 2-21 19				nd on the date stated above.
	22a. SIGNATURE		ATTENDING ME		22b. DATE SIGNED
	22c, PHYSICIAN'S	M.I	D. PHYS. (DII	RECTOR PHYS.	4-72-60
	NAME (Type)	Jr., M.:	D. Medical	Center, Sal	isbury, Md.
23a	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	ME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
	REMOVAL (Specify) Burial 2/25/1966 C	nurch		Quantico	MMd.
24		RESS	25a. REC'I	0.0 0.001	ISTRAR'S SIGNATURE
1	lite F Stillet Sal	ur 97	DATELB	28 1956 /	arley Judge

VR A15 (4) 15M 4-64

Resonant de la companya de la compan AND SECTION OF THE PROPERTY OF W. J. T. Stant Julio and will be a second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove fertion papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after a should be filed with the State Dept.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
03006	CEPTIFICATE OF DEATH	02009

00000	CERTIFICATI	E OF DEATE	a ant	UK	332		
1. PLACE OF DEATH I Lem #2 C & d	infor. taken	2. USUAL RESIDEN	CE (Where deceased live	d, If Institution: Res	sidence before admission)		
a. COUNTY	mx	a. STATE		b. COUNTY			
WICOMICO	MARYLAND	MA	10	econnec			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	outside corporate li	mits, write RURAL a	nd give nearest town)		
SAlisbury	hite	Salish	urv	1	h 2		
d. NAME OF HOSPITAL OF INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	7	40.0	e. IS RESIDENCE ON A FARM?		
Peninsula General	Hospital	421 Keen	e Ave.		YES NO NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Oay Year		
(Type or print)		Sones	DEATH 7	Eleruary	11 1966		
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	years IFUNDER 1	YEAR IFUNDER 24 HRS.		
En / Dan Munourn F	DIVORCED	February 10	last bil		Days Hours Min.		
12/10/10	ND OF BUSINESS OR	11 BIRTHPYACE (C	ounty & State, or foreign	n country) 12, CIT	IZEN OF WHAT		
	DUSTRY	1 1 . //	11	COL	JUTRY		
100 100	- Ne-	Sales		10	^-		
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	1-67			
Calven Jones		Clento	bell	ceru			
	OCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no, or unknown) (If yes give war or dates of service)	one 1	" alvin	Long)			
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a) (b) and (c)]	acom	-/	1	INTERVAL BETWEEN		
PART I. OEATH WAS CAUSED BY:	0 101 (a), (b), and (c).	. +	900	24	ONSET AND DEATH		
IMMEDIATE CAUSE (a)	may	Jenn	000du				
7/6X OUE TO			0				
Conditions, if any, which (b)	Conditions If any which I						
gave rise to immediate (gave rise to immediate						
underlyle serves leet				2010/10/1			
	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
E PARTITION HER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CONDITION O	IACIA HALVINI T(n)	19. WAS AUTOPSY PERFORMED?		
CO- AGOLDENT WING UNDERLYING TO 1 COL OIL	FOODIDE HOW INHIDY COOL	IDDED (Fator poture o	d Industrial Dort Law	Part II of Itam 18 \			
PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING CONTRIBUTED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	IKKED. (Enter nature o	T mjury m Part i or i	art ii or item 10.)			
	JURY OCCURRED 120e, PLA	CE OF INJURY (Home, f	arm. 20f. (City or	town) (Coun	ity) (State)		
20c. TIME OF INJURY Month, Oay, Year 20d. IN Hour a.m. p.m. 19 While at work	- facto	ry, street, office bldg.,		(
p.m. 19 at work	Not While at work						
21. I certify that (I) (this hospital) attended	d the deceased from	2/10 ,1	1966, to 2		, that (I) (we) last		
saw the deceased alive on 2/11	19 6 and that	death occurred at	M, from the	causes and on th	e date stated above.		
22a. SIGNATURE				22b. DA	TE SIGNED		
11.80: W	1	ATTENDING PHYS.	MEO. OIRECTOR PHY	FF 7	11/11/11		
22c, PHYSICIAN'S	lorgan M.C	22d. ADDRESS	OIRECTOR FITT	3.	77,00		
NAME (Type)	, 0	2201 713311200					
23a BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	ADR CREMATORY	1 23d. AUCATION	(Clty, town or cour	nty) (State)		
REMOVAL (Specify)		teres	Xales	leers 17	The		
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE							
To Toller of the State of the S							
1000 Ker 111 00 100		DATE	B 1.6 1966	Milante	Judge.		
1 15 1 1 2					0		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

AA	1	03007			CERTIFICA	TE OF DEATI		02993
).	PLACE OF OEAT a. COUNTY W1	comico		MARYLAND	07.70		stitution: Residence before admission)
		write RURAL	/N (if outside corpor and give nearest to 11ards	own)	c. LENGTH OF STAY IN 1	W:	f outside corporate limits, wr	ite RURAL and give nearest town)
		d. NAME OF HO	SPITAL OR INSTITUT	ION (if not in h	ospital, give street addres	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		R.	D.# 1			R	.D.# 1	YES NO
	3.	NAME OF OECEASEO (Type or print)		First ZABETH	Middle E	JONES Last	4. DATE Month OF DEATH FEB	24 Oay Year 1966
		sex Female	White	WIDOWEO		Jan. J.2/18	last hirthday)	Months Days Hours Min.
	- 1	HOUSE W	TION (Give kind of working life, even if retire	k done 10b. K ed) 10b. K	IND OF BUSINESS OR NDUSTRY		County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	(H. Bethan			Salle	Calla	
	15 (Y	. WAS OECEASEO s. no, or unkown)	EVER IN U.S. ARMEO F (If yes give war or dates	of counies \	social security no. 11 14-36-5502	Mr. Ernest ! Willard	r.Jones(Husba	and)R.D.# 1
			DEATH [Enter only of EATH WAS CAUSED B IMMEDIATE CAUS	- 7/	ine for (a), (b), and (c).]	y scoudel	is	INTERVAL BETWEEN ONSET AND DEATH S'ULE ON
	ì	Cenditions, If	BY DU	E TO AL	britani (1		4-7-2-1	
		gave rise to cause (a), s underlying caus	Immediate tating the OU	(b) 7 9 E TO (c)	terusele	roses		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(20a. ACCIOENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF REAL PROPERTY OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF REAL PROPERTY OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF REAL PROPERTY OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF THE PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF THE PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF THE PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF THE PART II OF ITHEM TO CONTRIBUTING CAUSE OF DEATH OF THE PART II OF THE							PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
		20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNCERLYING ING CAUSE OF OF THE MEDICAL EXAM	ATH	DESCRIBE HOW INJURY OF	CURRED. (Enter nature o	f injury in Part I or Part II o	f Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work							(County) (State)	
		21. I certify that (I) (this hospital) attended the deceased from 19 6, and that death occurred at 19 M, from the causes and on the date stated above.						
,		22a. SICHATU	aukoti	eve		ATTENDING I.D. PHYS.	MEO. STAFF DIRECTOR PHYS.	22b. DATE SIGNED Feb. 28/1966
		PHYSICIA NAME D	r FrankR	Lewis		22d. ADORESS W111ard	s, Maryland	
)	23a	Burial Burial	Feb.2	. 1	Mt.Pleasan	t Cemetery		ards, Maryland
1		HOLLOWA		ANY SA	ALISBURY MA	11117	7 1966 25b. RE	egistrar's signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. VR AIS (4) 20M 1/65

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lowellyille, Eryland U.S.A.

Salite Oglie

Mr. Treest T. Joseph (Busberg) B.D. R. T. 1116rds, Mr. Prins

A GOA

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Willards, Maryland

Suriel Seb.27/1966 Mt.Flessant Cemetery R.D. / Willerds, Panyland

HOLLOWLY & COMPANY CALLSBURY, MARYLAND

Dr. Frankl. Louis

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02000	CERTIFICATE OF DEATH

		USUUO	E OF DEATH	116994
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	100	a. COUNTY	a. STATE b. COUNTY	+ /
		Wicomico MARYLAND	maryland Somers	el
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	1		Paragen Assa	19-2
	e	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	0			ON A FARM?
0	re	Niusula Teneral Hospital		YES NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
		DECEASED (Type or print)	Jones DEATH February	16 19 66
	5.	SEX 16 00100 00 00001	B. DATE OF BIATH D	10
	-	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s	Days Hours Mln.
	1-6	male Negac WIDOWED DIVORCED	4 8 4 / yrs. 87	4
		. USUAL OCCUPATION (Give Rind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
	aur	ing most of working life, even if retired) INDUSTRY	VENTON MD	UNTRY?
	13	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	2/1
	10.	11	14. MOTHER'S MAIDEN HAME	
		HERRY BURD	MARY CARR	
	15.	WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
П	(10	s, no, or unknowny (11 yes give war or untes of service)	Polarie Dance Prancis	2. Md
		19. CAUSE OF DEATH FEster only one saves not the (EV). (b) and (c) In	Charle Jones Princese	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line (Fr) (a), (b), and (c), 1	K/- 10/ 11	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1) & sede Hempleyon	2 Ming
		443X DUE TO A/14	615	11.16.
		Conditions if any which	M. C. UDIADASE	unk
		gave rise to immediate	1	1 1
		cause (a), stating the DUE TO	usis -	illely
	2	(c) (c)		Jac Was all Topov
	CERTIFICATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
^	CA.	Dealites Kenal Insuffice	out is	YES NO
0	트	20a, ACCIDENT WAS UNDERLYING (1) 1 20b. DESCRIBE HOW MILEY OCCU	JRRED. (Enter lature of injury in Part I or Part II of Item 18.	
	65	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		~
				- (0)
	MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	nty) (State)
		Hour a.m. While Not While at work	2) The state of th	
	2		10/1/25 10/0 to to 15/1/2 10/01	that (I) (wa) last
		21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
			t death occurred at 7:35 AM, from the causes and on the	ATE SIGNED
		22a. SIGNATURE	ATTENDING MED. STAFF	1 2 1011
1		MINEN Demony M.D		0.11, 766
/		22c. PHYSICIANS	22d. ADDRESS	11
		NAME (TYPE). Herbert Dembly	Hallsbury In	α_1
	23a	. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION City, town or cou	nty) (State)
1		REMOVAL (Specify)	VENTON OF	in MA
0	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
0	24.	ADDRESS	238. REU D DI REGISTRAR 230. REGISTRAR	O SIGNATURE
	1	Charles H Ward, Marion	Md DATER 23 1966 Echarles	Judge

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their phease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLEND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1

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02010 CERTIFIC	ALE OF DEATH	0.0330
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	n: Residence before admission
Wicomico	a. STATE Maryland b. COUNTY	Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		RAL and give nearest town)
Salisbury	Salisbury	22-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pen.Gen.Hospital	1107 Middleneck D	r. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) AGNES LILIAN	KENNEDY DEATH FEB.	25 19 66
7. MARKIED NEVER MARKIED	last birthday) Month	DER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED [Ob. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	_ Mar 28/1901 64 yrs. 10	27
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12	COUNTRY?
Clark - Department store	Crisfield, Maryland	USA
William D. Nelson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Mr. Warren R. Kennedy (Husbay	nd)1107
No 214-28-8010 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
		ONSET AND DEATH
420 DIJE TO	MINITES & asystill	INSTANT
Conditions, If any, which \ Conditions	thembon à asystale	2 years
DUE TO	-11001-00-11	
cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 1) COLL FULL HEAVE TELLED 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER) 1 / A) S. J. hemorraghe 1? Lite	YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in Part I or Part II of Item	18.)
41/44		
	p. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
Hour a.m. While Not While p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	n oct 1960 to 166 20, 19	66, that (I) (we) las
saw the deceased alive on Keb 25 1966, and	that death occurred at M, from the causes and o	
22a. SIGNATURE	ATTENDING MED CTAFF	DATE SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. FO	eb. 6/196
NAME Dr. Robert T.Adkins	Fruitland, Maryland	
	ETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
DEMOVAL (Conciley)	lle M.E.Cem. Kemblesville	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIST	AR'S SIGNATURE

SALISBURY MARYLAND

COMPANY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

hours after death.

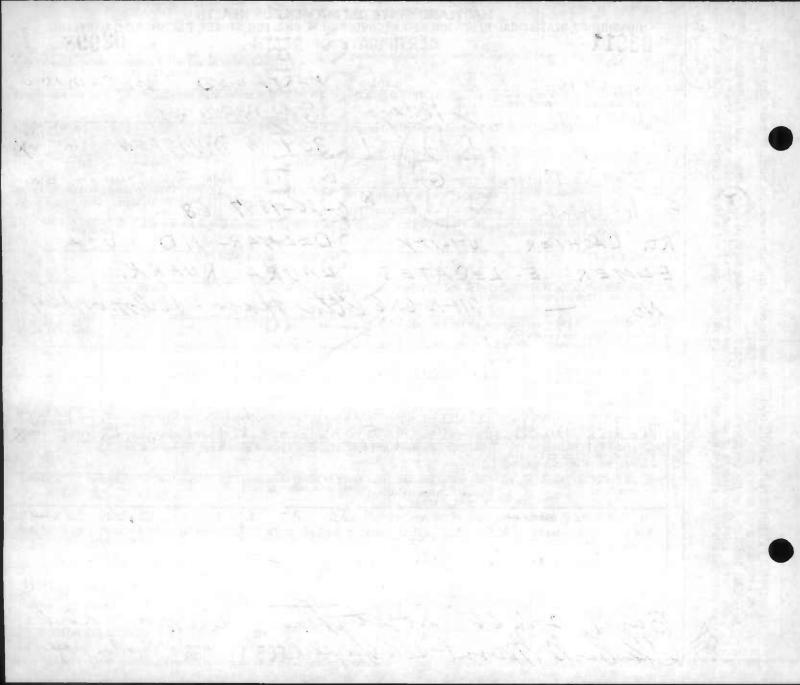
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the h b. COUNTY after 0 0 ICOMICO MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b TOWN bon papers. Pag within 72 hours pletely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET NO X YES executed within carbon NAME DE Day Year 3. Middle 4. DATE Month Last DECEASED 29 (Type or print) DEATH 19 110m4 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SEX OATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIEO [NEVER MARRIEO 0 WIOOWED **OIVORCEO** 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR County & State, or foreign country) = the attending physician t permit. Then please death certificate be during most of working life, even if retired) INOUSTRY COUNTRY? and USA-AS ER ナノムノ 0 FATHER'S NAME MOTHER'S MAJOEN NAME or removal, E permit. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? Address 16. SOCIAL SECURITY NO. 17, _INFORMANT (If yes give war or dates of service) FUNERAL DIRECTOR: After this certificate has been signed by the at irector, page 3 should be detached for use as the burial-transit permound be filed with the State Dept. of Health prior to burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 18. OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND OEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a). stating underlying cause last. WAS AUTOPSY NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CERTIFICAT NO X cer Coccal YES no dens 0 4010 URDKRITIS 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from Gu and that death occurred at 12 M. from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENOING M.D. PHYS. **OIRECTOR** PHYS. Page 4 may ! PHYSICIAN'S 220 22c. AOORESS director, p NAME (Type) Md 15 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR GREMATORY LOCATION (City, town or county) (State) 2 REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2 OI BEATT
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Wicomieo MARYLAND	a-STATE VLAWN b. COUNTY
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town) ALIS BURY	DELMAR 22-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
Princela Granal Hightal	PT H / ON A FARM?
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
DECEASED (Type or print) BERTIE ALICE M	ADDOX DEATH FEBRUARY 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIPTH I 9 AGE (In years IF IINDER 1 YEAR IF IINDER 24 HRS.
FEMALE WhitE WIDOWED DIVORCED	8-28-1889 last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. MIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	DELMAR - DEL COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SCUTHEY BRITTING HAM	ALICE ELLIOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	ORMA NICHOLS - DELMAR-MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: May Cre May Cre	andell hoper in 16 ter
4201 DUE TO 1 15 01	- 1/1/1
Conditions, If any, which) (b) Affect Selbre a	a brosting hours do once leans
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH 10 10 10 10 10 10 10 1	URRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
	ACE OF INJURY (Home/farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20d. INJURY OCCURR	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	2/0/1, 1966 to 2/28/, 1966, that (I) (we) last
10/97/	t death occurred at 8 AM, from the causes and on the date stated above.
22a. SIGNATURE	/ 22b. DATE SIGNED
CAPT M.	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
DUDIN OPENATION OF DATE THEREOF I OR NAME OF OPINITION	V OD ANTITALORY OOA LOOATION (Oldy town or county) (Ctota)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER.	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Shorter M. Marne - Lelmor,	Les DAMAR 4 1966 Scharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

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24 haurs after death.

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L'AL EXAMINER:

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VR A15ME (5) 6M 1/66

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	a burial-transit permi	rematian, or remava	
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> may be retained far your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1	th or its designated agent	1
om <	TO FU	Healt	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission Wicomico Worcester Maryland MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town Stockton Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Route 2, Box 95 Peninsula General Hospital YES NO X 3. NAME OF 4. DATE Firs1 Lost Month DECEASED CHARLES THOMAS MARSHALL 2-20-66 DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH IF LINDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Hours 2-9-35 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Factory Laborer Maryland

14. MOTHER'S MATDEN NAME 13. FATHER'S NAME Lucinda Cerbin Collins Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates of service 218 34 9515 Geraldine Marshall Stockton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia with pulmonary edema IMMEDIATE CAUSE (o) DUE TO Contused larvnx with hemorrhage and edema 22 hours Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Passenger in car involved in accident. 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.)
Highway 2-19-6619 Oak Hall Va. ot work at work 21. I certify that I took charge af the remains described above, held an Autapsy [X] Inspection X Inquiry and in my apinian death resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, DEPUTY MEDICAL EXAMINER 2-211-66 EXAMMER'S Address (Street, city, tawn, ar county Camdon Avd., Salisbury, Md.
23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City ar Tawn) (County) 2/26/66 Mt. Hepe Stockton Md 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03017
CERTIFICATE OF DEATH

1. PLACE OF DEATH				11-11-11-1
a. COUNTY			(Where deceased lived, If institution: R	esidence before admission)
Wicomico	MARYLAND	a. STATE Mary	b. COUNTY	omi co
b. CITY OR TOWN (if outside corporate limits, c. L		c. CITY OR TOWN (If ou	tside corporate limits, write RURAL	
write RURAL and give nearest town) Salisbury	63 days	Dant	#1 Colichum	22-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita	il, give street address)	d. STREET ADDRESS	e #1, Salisbury	e. IS RESIDENCE
Deer's Head State Hospital, Sal	lisbury, Md.	R.D.	# 1 Shad Point	ON A FARM? YES NO
3. NAME OF FIRST DECEASED	Middle	Last 4	4. DATE Month	Day Year
(Type or print) Clifford	Penn	Marshall	DEATH February	9 1966
5. SEX 6. COLOR OR RACE 7. MARRIED 7		DATE OF BIRTH	9. ACE (In years TFUNDER	1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED J	uly 13/190	01 64 yrs. 6	Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND O during most of working life, even if retired) INDUST	F BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country) 12. Cl	TIZEN OF WHAT
and a		Wicomico (Co. Maryland U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME	D 44
William E. Marshall		Rona B.Jon		
(Yes, no, or unkown) (If yes give war or dates of service)	ALSECURITYNO. 17. IN	Esther A	Marshall(Wife)	
		Same as #	2 above)	
18. CAUSE DF DEATH [Enter only one cause per line for	r (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brone	hogenic carc	inoma of lef	t lung with	01100171110
			nary atelectasis	Months
Conditions, If any, which \ (b) Arter	iosclerotte d	cardiovascul	ar disease with	
Conditions, If any, which gave rise to immediate (b) Arter	iosclerottc	cardiovascul	ar disease with	
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO COPON	iosclerotte dary insuffic	cardiovascul	ar disease with	Years
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which (b) Arter DUE TO CORON	iosclero ite o	cardiovascul iency	ar disease with	Years
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which (b) Arter DUE TO CORON	iosclero ite o	cardiovascul iency	ar disease with	Years 19. WAS AUTOPSY PERFORMED?
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which (b) Arter DUE TO CORON	iosclerotic (ary insuffic	cardiovasculiency	ar disease with	Years 19. WAS AUTOPSY PERFORMED? YES NO
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Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTI	iosclerotte dary insufficitions insufficition insufficition insurance in the control of the cont	ED TO THE TERMINAL DISC RED. (Enter nature of In OF INJURY (Home, farm, street, office bidg., etc.)	EASE CONDITION CIVEN IN PART 1(a) Jury In Part I or Part II of Item 18. 20f. (City or town) (Cou 66, to February 9, 196 AM, from the causes and on th	Years 19. WAS AUTOPSY PERFORMED? YES NO 3
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTI	TO DEATH BUT NOT RELATE TO DEATH BUT NOT RELA	ED TO THE TERMINAL DISC RED. (Enter nature of In OF INJURY (Home, farm, street, office bidg., etc.) RED. (Enter nature of In OF INJURY (Home, farm, street, office bidg., etc.)	Lar disease with EASE CONDITION CIVEN IN PART 1(a) Jury In Part I or Part II of Item 18. 20f. (City or town) (Council Council Counc	Years 19. WAS AUTOPSY PERFORMED? YES NO (State) 6., that (I) (we) last the date stated above. ATE SIGNED /9/66
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTI	TO DEATH BUT NOT RELATE TO DEATH BUT NOT RELA	eardiovasculiency ED TOTHE TERMINAL DISI RED. (Enter nature of In OF INJURY (Home, farm, street, officebidg., etc.) Ember 8 , 19 6 Jeath occurred a 12 15 ATTENDINC ME PHYS. OIR 22d. ADDRESS Deer's Head	EASE CONDITION CIVEN IN PART 1(a) Jury In Part I or Part II of Item 18. 20f. (City or town) (Cou 66, to February 9, 196 AM, from the causes and on the County Phys. 22b. D. BECTOR PHYS. 22b. D. 3 STAFF 22b. D. 4 State Hospital, S.	Years 19. WAS AUTOPSY PERFORMED? YES NO (State) nty) (State) 6., that (I) (we) last ne date stated above. ATE SIGNED /9/66
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work 21. I certify that (I) this hospital) attended the saw the deceased alive on February 9 22a. SIGNATURE 22a. SIGNATURE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c REMOVAL (Specify)	TO DEATH BUT NOT RELATE TO DEATH BUT NOT RELA	eardiovasculiency ED TOTHE TERMINAL DISTRIBUTION COF INJURY (Home, farm, street, officebidg., etc.) Ember 8 , 19 Compared a Bally ATTENDINC MEPHYS. MEPHYS. MEPHYS. MEPHYS. MEPHYS. Deer's Head- OR CREMATORY	Jury In Part I or Part II of Item 18. 20f. (City or town) (Country 9, 196. AM, from the causes and on the Country 9, 196. ECTOR PHYS. 22b. DZ 3 State Hospital, S. 23d. Location (City, town or country)	Years 19. WAS AUTOPSY PERFORMED? YES NO 30 nty) (State) 6., that (I) (we) last the date stated above. ATE SIGNED /9/66 alisbury, Md. inty) (State)
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) this hospital) attended the saw the deceased alive on teleprocause of the contribution of the contributi	TO DEATH BUT NOT RELATE TO DEATH BUT NOT RELA	eardiovasculiency ED TOTHE TERMINAL DISI RED. (Enter nature of In OF INJURY (Home, farm, street, officebidg., etc.) Ember 8 , 19 C. Meath occurred a 19 C. ATTENDINC MEPHYS. MEPHYS. MEPHYS. MEPHYS. MECREMATORY OR CREMATORY EMETERY	EASE CONDITION CIVEN IN PART 1(a) Jury In Part I or Part II of Item 18. Consideration (Country 9, 196 AM, from the causes and on the part II of Item 18. Consideration (Country 9, 196 Consideration (Country 9, 196	Years 19. WAS AUTOPSY PERFORMED? YES NO (State) 19. (State)
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) this hospital) attended the saw the deceased alive on February 9 22a. SIGNATURE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c REMOVAL (Specify) BURIAL Feb. 12/1966 Sh.	TO DEATH BUT NOT RELATE TO DEATH BUT NOT RELA	ED TOTHE TERMINAL DISTRED. (Enter nature of In or Injury (Home, farm, street, officebidg., etc.) EMBER 8, 196 Jeath occurred a 196 ATTENDINC MEPHYS. OIR 22d. ADDRESS Deer's Head OR CREMATORY 25a. REC'D	Jury In Part I or Part II of Item 18. Constitution (Country State Hospital, S	Years 19. WAS AUTOPSY PERFORMED? YES NO (State) 19. (State)

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uplat Feb. 12/1966 Shad Foint Cemetery 4.D. 4 Sill about, Maryland

MOLLOWAY & COMPANY SALISBOAY, MARYLAND FEEL TO SEE COMMAND DESCRIPTION OF THE SEED OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealn. 80

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissign)
	a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	0 6
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	rocomone 13-d
	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
Peninsuha Seneral	BOX 210, KBUTE 2 YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) / otherine	etthews DEATH tebruary 26 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Fe make nearne WIDOWED DIVORCED	Da 10 19 7 Jast birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give Mind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired)	COUNTRY?
Laborer ractory	Md. U.S.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Waters	Katie Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or ankown) (If yes give war or dates of service)	oland Mallon Paganan la City Mid
140	riango matinews to comoke citying.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lange vere
1538 DUE TO E multi-W	a / melting time.
Conditions, if any, which) (b)	
gave rise to immediate (
underly enter les	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY
TATION OF THE PARTY OF THE PART	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	ory, street, office b)dg., etc.)
	1/3/ 1966, to 2/26/ 1966 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 1966, and the	at death occurred at Som, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M.	D. PHYS. U DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRES\$
BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER	Y OR CREMATORY 230 LOCATION (City, town or county) (State)
BURION 3-3-66 Union ville	Com. Kacamaka City, Md.
24. EUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAN 25b. REGISTRAN'S SIGNATURE
May Chill	rch Va. notAR 3 1956 Acharles Judge
Danies Derge IKW Cha	Ch, MI DANEAR J 19501 Junge

Suggin AND SAME OF A PARTY OF En : The 3-3-66 Magazine Com who were I will MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1131116			CERTIFICAT	E OF DEATH				00	UU.
1. PLACE OF DEATH	ł			2. USUAL RESIDENCE	CE (Whare d			dence before	admission
****	4			e. STATE		b. COUN	ITY		-1
Wicon	NICO if outsida corporeta lim	4-	MARYLAND	Maryla		to the state of		comic	
	give neerast town)	15,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corp	porete limits, write	RURAL and g	ive neerest to	wn)
Salisbury		S	ince 7/6/65	Salisb	ury			12-1	
d. NAME OF HOSPI	TAL OR INSTITUTION	if not in ho	ince 7/6/65 spitel, give street eddress)	d. STREET ADDRESS					RESIDENCE
ine Bluff	State Hos	pital		Spring	Hill	Road		YES	NO W
3. NAME OF	First		Middle	Last	4. DATE	Month	1	Day Ye	
(Type or print)					OF DEATH		135	- 10	
5. SEX	Phill	ip	McCready	Matthews		AGE (In years		AD LE HAIDE	R 24 HRS.
J. JEA	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED 8	. DATE OF BIRTH	2	lest birthdey)	Months De		Min.
Male	White	WIDOWI	DIVORCED O	ct. 13, 187	4	91 yrs.			
IOa. USUAL OCCUPAT dona during most of wo	ION (Give kind of world	10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & Stete, or	foreign country)	12. CITIZE	N OF WHAT	COUNTRY
Carpent		(a)		Dagsboro,	Dalaws	770	US	A	
3. FATHER'S NAME	.61	-		14. MOTHER'S MAIDEN		11.6	0.0	A	-
Isaac Ma					ly Hea				
15. WAS DECEASED EV (Yes, no, or unkown) (I			SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
Inknown	No	22	21-09-8818 A	Records of	Pine	Bluff S	toto H	ognite	. 7
	EATH [Entar only one		line for (e), (b), end (c).]	McColub ol	1 THE	DAULL	reace in	INTERVAL BI	
	H WAS CAUSED BY:			y Tuberculo	a1a			ONSET AND	
	IMMEDIATE CAUSE (a)		raimonar	y rubercuro	910			Unkn	own_
002	DUE TO						- N		
Conditions, if any	which) (b)								
geva risa to Immedi	DIJE TO								
(e), steting the u	nderlying DUE TO								
ceuse lest.) (c)	TIO. 15 CO.	ITAINITING TO DELETION		111 0007100	COLUNIZIONI ON	(F) (() () () () () () ()	1.40 1.446	ALIZODOV
PARI II. OTHER	SIGNIFICANT CONDI	IIONS COI	TRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAKI I		ORMED?
3	•							YES	NO .
2Da. ACCIDENT W	AS UNDERLYING	2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pert I or Pert	II of item 18.)			
	MEDICAL EXAMINER)								
		1201	INTERPORTED IN OR OTHER	CE OF INITIAN /U fr	1 206 /63		(County	1	(State)
20c. TIME OF INJU	IRY Month, Dey, Ye	While	, ,	CE OF INJURY (Home, ferm ory, street, office bldg., etc.		y or fown)	(County	,	(21010)
p.m.	19	at wo							
21 Leoutifus	hat A (this hospi	tal) atten	ded the deceased from	July 6	19 65 to	Feb. 28	19 6	6that 6	(we) la
					-				
	sed alive on P.C.	D28	19. 6.6. , and that	death occured at a.	30M, from	n the causes	and on the		
22a. SIGNATURE	0100	K.	~40	ATTENDING A	AED.	STAFF		22	b. DATE SIGNED
	ENGR	le a	CACCA M		RECTOR	PHYS.	Feb.	28, 19	
22c. PHYSICIAN'S			7	22d. ADDRESS					-
NAME (Type)	E. P.	Ritch	ings	Sali	sbury.	Maryla	ind		
3a. BURIAL, CREMATI			23c. NAME OF CEMETERY			ATION (City, to			Stete)
REMOVAL (Specify)	ON, 230. DATE THE					elmar,		,	510101
Buriai	3-3-6	0	St Stephen	8	1	o I mail	DOT.		
4 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	10		TRAR 25b. RE	GISTRAR'S SIG	NATURE	
Manuel 1 I	Sumeral Ho	mo	Delmar, Del.	DMAR	3 1	966 80	harley	Judge	

TO HOSPITE

death. Page 4 the bospital or attending physician.

Adath. Page 4 the bospital or attending physician.

To HOSPITE

Adath. Page 4 the bospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be detached for use as the burial-transit permit. Then please the page 3 should be a pa

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de territ Paperel mone Pelmer, Del.

MARYLAND STATE DEPARTMENT OF HEALTH

		03017		MED	ICAL EXAI	MINER'S	CERTIFICATE (1	14527
/		LACE OF DEATH	Wicomic	0		MARYLAND		(Where deceased lived, if ins	titution: Residence bel COUNTY Wicom	
	ŀ	CITY OR TOWN (write RUPAL and Salis	f outside corparate limit daive nearest town)	,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If o	outside carporate limits, write Quantico	RURAL and give near	rest tawn)
	(al or institution (if no large of the large			s)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	- 1	IAME OF DECEASED Type or print)	Dominiek		Middle Eugene	Morris	Last	4. DATE OF DEATH	Month 2-28-66 D	oy Year 19
	S. 5	EX M	6. COLOR OR RACE AA	7. MARRIED WIDOWED	NEVER MA	RRIED ORCED	B. DATE OF BIRTH 2-14-66	9. AGE (In year last birthday		
	duri	USUAL OCCUPATION of most of working None FATHER'S NAME	(Give kind of work done life, even if retired)		ND OF BUSINESS DUSTRY	OR	Marylan 14. Mother's Maiden	d	12. CITIZEN COUNTRY	1?
	1S. (Ye	R.C. WAS DECEASED EVE , no, or unknown)	Shivers R IN U.S. ARMED FORCES? (If yes give war or dotes o	f service) 16.	SOCIAL SECURITY		NFORMANT	ris Quanti s Quantico	Address	a l boy/
		PART I. DEA' 7 6 3 6 Conditions, if any, rise to immediat stoting the underlast.	, which gave e cause (a), rlying cause	(a) TO (b) TO	Interst	citial)	pneumonitis			NTERVAL BETWEEN
	CERTIFICATION	PART II. OTHER SI 2Da. EXTERNAL CA						ONDITION GIVEN IN PART 1(a		9. WAS AUTOPSY PERFORMED? YES NO
		PRIMARY or CO CAUSE OF DEATH.	NTRIBUTING					Part I or Part II of item 1B		
	MEDICAL	20c. TIME OF INJU Hour a.r p.r	10	2Dd. II While ot worl			CE OF INJURY (Home, far ory, street, office bldg., etc		n) (County)	(State)
			y that I taak charge ted from: <u>Natura</u>	of the rer		_		e, Undetermined		nd in my opinio
		EXAMINER'S ENAME (Type)	arl L. Roye		Salisbui 23c. NAME OF	ry. Md.	DEPUTY MEDIC	DICAL EXAMINER (X) CAL EXAMINER (X) et, city, town, or county)	3-1-66	22. DATE SIGNED
	b	BURIAL, CREMATIC REMOVAL (Specify UP191 FUNERAL DIRECTO	2/4/19	REOF 966		CEMETERY OR		23d. LOCATION (City of D BY REGISTRAN 256	,	.,
By	Ul	inter o	F. X teur	eft	Sælis	- 5	Mar DAWA	R 9 1966	Ochanles !	Julas.

trivat delis met.

Page 4 may be retained by the nospital or attending physician.

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY			ere deceased lived, If Institution: I	
1-	Wicomito	MARYLANO	a. STATE Mæryland	d Wie	comico
	b. CITY OR TOWN (If outside corporate ilmits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	· ·	le corporate limits, write RURAL	end give nearest town)
1	Delmar	30 yrs	Delmar		22-1
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	lospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
=	205 Elizabeth Street		205 Elizal		YES NO X
1	3. NAME OF First DECEASED	Middle		DATE Month OF	Day Year
-		ENRY EDWIN	TAOOTT PITCE		3. 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF UNDER	Days Hours Min.
	Male White WIOOWED		2-6-1904	02 yrs.	
1		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
	Rt. Truck Driver Ti	rucks	Crisfield		5A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ı	William C. Nock		Lena Parl	SS	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
L	(Yes, no, or unkown) (If yes give war or dates of service)	216-05-3763	Sue Nock, I	Delmar, Md.	
	18. CAUSE OF DEATH [Enter only one cause per	ife for (a), (b), and (c).]	0 0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arcinoma	fronch	Doni'c	6 worth
	16 2 1 DUE TO		1		
	Conditions, if any, which \				416
	gave rise to immediate (cause (a), stating the DUE TO				
	underlying cause last. (c)				
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2 2	3				YES NO
	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of Item 18	
i c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1		INJURY OCCURRED 20e. PLAC		20f. (City or town) (Co	unty) (State)
1	20c. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. While p.m. 19 at wor	Not While factor	y, street, office bldg., etc.)		
13			1-7	- Tol D 106	6
	21. I certify that (I) (this hospital) attend		1930		that (1) (we) las
	saw the deceased alive on 222a. SIGNATURE	1900, and that	death occurred at	M, from the causes and on t	he date stated above
	22a. SIGNATURE	Stille	ATTENDING MED.	STAFF - 2.	-9-66
	22c. PHYSICIAN'S	M.D.	PHYS. DIRECT	TOR PHYS.	7-00
	NAME (Type) Dr. L.V.Sol	nler	Delmar	, Md	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town or co	unty) (State)
	Burial 2-12-66	St. Stephen	18	Delmar, Del	
	a sultana a superior			DECLATRADI OCL DECLOTOAD	
	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY	REGISTRAR 250. REGISTRAR	'S SIGNATURE

Market N. D. Steller E.V. on dante . W - Ma-51

24 hours after death.

K

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03019 CERTIFICATI	E OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY WICOMICO MARYLAND	a. STATE b. COUNTY / 10 OCESTED
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) SALISBURY 5 DAUS	7 7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
000000000000000000000000000000000000000	ON A FARM?
PENINSULA GENERAL HOSPITAL	R.F.D. 3
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) I+ AROLD FREEMAN 5. SEX 6. COLOR OR RACE 7. MARRIED TO WELL WELL MARRIED TO WELL WELL MARRIED TO WELL WELL WELL WELL WELL WELL WELL WEL	PAYNE DEATH FEBRUARY 2 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
MALE WITH WIDOWED DIVORCED	0c7. 8. 1883 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JNDUSTRY,	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMER FARMING	MARULAND COUNTY, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN PAUNE	HESTER PAYNE
	INFORMANT Address R.F. D. 3
(Yes, no, or unkown) (If yes give war or dates of service)	CLAPS TONES PARAMORE OIL. M.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
160 ×	8-10dyp
Conditions, If any, which	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last.) (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
1 / Manhophlilula it les a) Ant	wordship black Deserce YES NO X
20a: ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW MIJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
p.m. 19 While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1-25, 1966 to 2-2-1966 that (1) (we) last
saw the deceased alive on 2 - 2 - 1966, and that	death occurred at 33 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Janu h. Cofffeel M.D	ATTENDING MED. STAFF PHYS. D 2-2-66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS (2) (2) (3)
JAMES L. CLIFFORD	Mederal Gentel John ML
	OR CHEMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 2-6-1966 REMSON M.	DETHODIST WORCESTER COUNTY, MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tofut H. Watson Boomoke City.	MD. DATE B 8 1966 Schanles Judge

VR A15 (4) 15M 4-64

Page 4 may be retained by the nospital or attending purposecient.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove occuping appers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any property within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

AND STREET STREET, CONTRACTOR OF STREET, CON All the same and the same that the same of Sept. The State of the second of the second second second second second second The state of the second of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS 03020 CERTIFICAT	S, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	esidence before admission)
b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b	II SOPILIE	end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Deal Johan J d. STREET ADDRESS	19-2 e. IS RESIDENCE
Peninsula General	Bed 46	ON A FARM? YES NO NO
3. NAME OF FIRST MIDDLE (Type or print) Max well	Poa body 4. DATE OF DEATH February	Day Year 12 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO DIVORCED	8. OATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADDUSTRY		TIZEN OF WHAT
13. FATHER'S NAME HERBERT E. PEABODY	14. MOTHER'S MAIDEN NAME F. WIGH	7
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 220-46-J/32-7	nrs. Jeannette Feabory - DEa	I Island
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Kerial Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
1 3 3 1 4	iosclerosis	years.
gave rise to immediate cause (a), stating the DUE TO		

underlying ceuse lest

WAS AUTOPSY PERFORMED? 19. YES NO X

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)

TIME OF INJURY Month, Day, Year Hour a.m.

20d, INJURY OCCURRED While at wor Not While

23c.

(c)

DATE THEREOF

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)

19 p.m. 21. I certify that (I) (this hospital)

attended the deceased from and that death occurred

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

(1) date stated above. causes and on

saw the deceased alive on 22a. SIGNATURE

23h

ATTENDING PHYS. M.D. 22d. ADDRESS

DATE SIGNED 22b. STAFF PHYS.

22c. PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATOR

23d. LECATION (City, town or county)

(State) Mica

URIAL FUNERAL DIRECTOR

BURIAL, CREMATION, REMOVAL (Specify)

EB 17 1966 1966

MED. DIRECTOR

REGISTRAR'S 25b.

VR A15 (4) 15M 4-64

ch and completely filled in by the funeral series remove carbon papers. Pages 1 and 2 In any event, within 72 hours after death.

3 40

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phasinector, page 3 should be detached for use as the burial-transit permit. Then, should be filed with the State Dept. of Health prior to burial, cremation, or removal

CERTIFICATION

MEDICAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Contral where of Thombers Gietral Return Schonsis

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat.

4.3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL OF DEATH DIVISION 3021

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a COUNTY MARYLAND	a. STATE MADULAND b. COUNTY LIDDCES FERS
b. CLEY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	2 000 2 110 116 19 2
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
The state of the s	ON A FARM?
PENINUIA VENERAL HOSPITAL	CEDAR HALL KOAD YES NO DE
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) [IMA ELIZABETH	DILLES DEATH FERRYARY 22 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Oavs Hours Min.
FEMALE MIDOWED DIVORCED DIVORCED	FEB. 18. 1886 80 yrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	UNRCESTER COUNTY MARULAND U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY CLAY OUTTEN	man, D'Calle
	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	of the small and the sale of
NO 1 - 216-05-0543 1/11K	3 LINWOOD MEDANIEL BOCOMORE CITY, MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O GLAGO NO DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a sujure ion. Law.
401 DUE TO B. 1-0	
Conditions, If any, which	The covery and
gave rise to immediate (cause (a), stating the DUE TO	10 - 1 Clara
underlying cause last. (c)	arean
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CON	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?
ICAI	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
White Die Mot white D	ry, street, office bldg., etc.)
	9/19/ 6/10 9/22/ 10/06/11/11/11
21. I certify that (I) (this hospital) attended the deceased from	19 to 19 that (I) (we) last
saw the deceased alive on 19 to 2, and that	t death occurred at 7M, from the causes and on the date stated above.
1 1 And	ATTENOING - MED STAFF -
22c. PHYCHCTAN'S M.D.	D. PHYS. OTRECTOR PHYS. 22d. ADDRESS
NAME (Type) OSUPI) T BUDGON M.D	Soal 15 BURY MARULAND
EGONEO S. PORVON III.O.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 28d. LOCATION (City, town or county) (State)
BURIAL 2-26-1906 FIRST 1	JAPTIST YOUMOKE C'ITY, MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE
Typut H. Watson Hocomoke CITY,	MO. LOATEMAR I 1950

The state of the s the second the second of the s the second secon HERRY CEMY DUFFER WARRY RESERVE LOW TO BE SENTED THE LANGE THE SHOWEL STORE THE CASE OF THE - - I will the state of the sta comes it dieter mis consider, morphone - L I SCHOOL FIRST TROPIEST MEANINE SOME MANY FORD

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please embove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

UNION CERTIFICAT	E OF DEATH
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wiconico
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Salisbury	Salisbury 22 /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Pen.Gen.Hospital	622 Liberty St. ON A FARM?
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print) JOSEPH HENRY	POWELL DEATH FEB. 24 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years LIFTINDER 1 YEAR HETINDER 24 HRS.
Male White WIDOWED DIVORCED	Nov. 21/1901 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even If retired) INDUSTRY Retired Railroadman	Cumberland, Maryland COUNTRY? A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Powell	Mattie B.Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	s. Mildred Gordy Powell (Wife) 622
(Yes, no, or unkown) (If yes give war or dates of service) 705-05-4735	1berty St. Salisbury Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Mrs deller to the ONSET AND DEATH
199 MMEDIATE CAUSE (a) CONTON	10000 11
Conditions, if any, which \	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELY 203. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f, (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20m.	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	7/20/65 19 10 W 19 that (I) (we) last
saw the deceased alive on 2/24/ 1966, and that	t death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.E	D. ATTENDING MED. STAFF PHYS. Feb. 26/1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Andrew C. Mitchell	Maryland Ave. Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Feb. 27/1966 Wicomico M	emorial Park Salisbufy, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAR	

VR AIS (4) 5

Ensigner Micomico Viceico 75 1621 [68 *4. 144.077 889 istionos aso as. TEMBIL Nov. 21/1901 Cumberland, Marylond Detined Railroadan Michiga B. Leller illies Henry Fowell 705-05-1705 Tiberty 3t, 3011 (12) 522

Sept of a perfect to the second

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Jeb. Algor Dr. Andrew C. Mitchell Maryland Ave. Salisbury, Maryland

Burisl Fob. 27/1966 Wicomico Nemorial Park Salisbufy, Marrisma MOLLOWAY & COMPANY SALITEDRY, MARYLAND

funeral an an a v. carbon papers. Pages 1 every within 72 hours after by the filled in etely executed within Then please remore removal, and in any ding physician a Then please re death certificate be attending p permit. 0 cremation, the has been signed by the sas the burial-transit p prior to burial, cremati The law requires that the or attending physician. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior PHYSICIAN: T OR ATTENDING P TO HOST.

hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. / USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE WICOMICO OMERSET MARYLAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b SALISBURY YEARS PRINCESS ANNE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO . YES NAME OF DATE Month Year First Middle Last 4. DECEASED 1966 PEARL COLBORN (Type or print) POWELL DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours | Min. FEB.11.1885 WHITE WIDOWED DIVORCED (12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? U.S.A. MARYLAND MOTHER'S MAIDEN NAME ALLISON HOLLAND ELIZABETH POWELL 17. INFORMANT Address 16. SOCIAL SECURITY NO. MRS_REGINALD CRISFIELD . MD. CWLLEN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) rise to immediate DUE TO (a), stating underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 19 6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive of 22b. DATE SIGNED SIGNATURE 22a. STAFF

Spring Hill Sanatarium 5. SEX FEMALE 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)
NONE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) CERTIFICATION MEDICAL MED. DIRECTOR au M.D. PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) PRINCESS 19 ANNE. MD. 966 MANOKIN ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 1966 R. WILSON PRINCESS ANNE. MD.

VR A15 (4) 15M 4-64

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FOR STATE HEALTH DEPT. delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State Department of ours ofter deoth. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Health or its designated agent, prior to burial, cremation, or removal, and in any event within the statement of the statement

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03024	MI	EDICAL EXAMI	NER'S	CERTIFICATE O	F DEATH		03010
PLACE OF DEATH O. COUNTY	Wicomico	MAF	RYLAND	GTATE '	Where deceased lived, if instit ryland b. CO		e before admission) omico
b. CITY OR TOWN (If autside write RURAL and sive new	carparate limits, rest tawn) Soury	C. LENGTH OF STAY	IN 1b		utside corporote limits, write R	URAL ond give	nearest town) 2 2 - /
d. NAME OF HOSPITAL OR INS	TITUTION (If not in haspit	ol, give street address)		d. STREET ADDRESS			e. IS RESIDENCE
Peninsula Ge	neral Hospi	tal		41	Li Lake St.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First K evin	Middle Wayne	Prit	chett		-23-66	Day Year
M	C WIDOW			6-19-61	9. AGE (In years last birthday) yrs.	1F UND&R 1 Manths	YEAR IF UNDER 24 HRS Days Hours Min.
10o. USUAL OCCUPATION (Give kind during that of working life, even if	d of work dane 10th retired)	KIND OF BUSINESS OR		11. BIRTHPLACE (Stote	oftoreign country)	12. CIT	ZEN OF WHAT
13. FATHER SINAME 15. WAS DECEASED EVER IN U.S. AI (Yes, no, optoplane) (Hayes grown)	Professional Profe	16. SOCIAL SECURITY NO.	17. 11	PA. MOTHER'S MAIDEN	ie P.	drey&	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Pseudomonas Septicemia: Place of Due to				1/	INTERVAL BETWEEN ONSET AND DEATH		
rise to immediate couse (Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse DUE TO					Li weeks	
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES NO
200. EXTENNAL CAUSE WAS PRIMARY LT OF CONTRIBUTION CAUSE OF DEATH. 20c. TIME OF INJURY Month Hours of Communications of the Communication of the Communicat	G □ 20b			Enter nature of injury in uring house	Part I ar Part II of item 18.)		
20c. TIME OF INJURY Manth, Doy, Year P.M. m. 12-27-65 20d. INJURY OCCURRED Of INJURY (Home, farm, factory, street, office bldg., etc.) Own home. 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Salisbury Wicamico Md.							
21. I certify that I death resulted from ACTUAL SIGNATURE EXAMPLER'S Earl NAME (Type) 1,09 C	took charge of the Notural causes L. Royer, Manden Ave.	remains described a	Suici	de , Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA Address (Street	Undetermined EXAMINER DICAL EXAMINER AL EXAMINER t, city, town, or county)	2	and in my opinio
	23b. DATE THEREOF 2-27- CA	/	METERY OR C	Cem		REGISTRAR'S SI	AA .

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-certical papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03025 CERTIF	FICATE OF DEATH	03011			
1. PLACE OF DEATH a. COUNTY W1CORICO MAR	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE Maryland b. COUNTY (Residence before admission)			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury	Salisbury	AL and give nearest town)			
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street	address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?			
Pen.Gen.Hospital	R.D.#4 Cardinal I	YES NO X			
3. NAME OF First Middle DECEASED (Type or print) ANDREW LEE	PUSEY, SR. DATE Month DF DEATH FEBRUA	Day Year ARY 8 19 66			
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRI	ED 8. DATE DF BIRTH 9. AGE (In years IFUND last birthday) Month:	ER 1 YEAR IF UNDER 24 HRS.			
Male White WIDOWED DIVORC	ED May 5/1936 29 yrs. 9	3			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	OR 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
Salesman - Tire Store Salisbury Maryland U S A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Marion Lee Pusey	Addie Parsons				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Yes 219-34-363					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	the C. of	monthe			
178 X DUE TO 0	Da.A 1. A.D				
Conditions, If any, which gave rise to Immediate	All Assert	y -			
cause (a), stating the DUE TO Underlying cause last.		0			
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND			
	URY OCCURRED. (Enter nature of Injury In Part I or Part II of Item	18.)			
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While p.m. 19 at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	County) (State)			
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive pn 19 CC.	and that death occurred at 30M, from the causes and or	the date stated above.			
22a. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. Feb				
NAME (Dr. Earl L. Royer	22d. ADDRESS 409 Camden Ave. Salisbur				
DEMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City, town or commercial Park Salisbury, M.				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE			
HOLLOWAY & COMPANY SALISBURY.	MARYLAND DATE B 1 5 1968 Faller	les Judge			

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Jordan John I. Tybe Houses of Lamous of Land, Maryland HOLLOWAY & CONTANT SALISBURY, MINISTRUM

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	03026 CERTIFICATI	E OF DEATH	3012		
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE)	sidehce before admission)		
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
	Write RURAL and give nearest town)	(OFTIGGETOWN)	46-3		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
	Peninsula General Dosgetal		YES NO		
3.	NAME DF DECEASED First Middle	Last 4. DATE Month	Day Year		
5.	(Type or print) (iffle	8. DATE OF BIRTH 9. AGE (In years) IF UNDER:	19 GG LYEAR ILFUNDER 24 HRS.		
F	male widowed Divorced	5-25-1898 last birthday) Months	Days Hours Min.		
	. USUAL DCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT		
12	HOUSEWIFE -	14. MOTHER'S MAIDEN NAME	U377		
13.	ALQUEAN ADVINIS	TDA ADKINS			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	77		
(Ye	is, no, or unknown) (If yes give war or dates of service) ZZ2-16-7946	HAUL PUSEY, GEORGE	Town, Dez.		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatoris				
	1551 DUE TO C.	7 4 10 20 20.	100012		
	gave rise to immediate (b)	re Ball 12 cones	1 geor.		
	cause (a), stating the DUE TO		LINE VENT		
No	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	[19. WAS AUTOPSY		
CERTIFICATION	None		PERFORMED?		
TIFIG	20a, ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)		
MED	p.m. 19 While Not While 1800				
	21. I certify that (I) (this hospital) attended the deceased from	7 Feb , 1966, to 10 Feb , 196	that (1) (we) last		
	saw the deceased alive on 10 Feb 1966, and that	t death occurred at M, from the causes and on the	ne date stated above.		
	22a. SIGNATURE	ATTENDING - MED. STAFF	ALE SIGNED		
M.D. PHYS. DIRECTOR PHYS.					
	NAME (Type)	Medical Center Interber	y Maryland.		
238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PROVIDE (Specify) 2-12-6 NILLSBOK	Y OR CREMATORY 23d, LOCATION (City, town or cou	(State)		
24	FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE		
6	Norgos Meson, Gronkford, Welay	use offEB 14 1956 Charle	Judge		

VR A15 (4) 15M 4-64

Control of the Contro CANEL C. the state of the last title the same of th ar at a second to be stated

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death.

TO DEPUTY MEDICAL

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EYAMINED'S CERTIFICATE OF DEATH

N		MEDICAL EXAMIN	EK 2 CI	LULLICAL	E OF DEATH		000112	
1	1.	PLACE OF DEATH	2	. USUAL RESIDEN	CE (Where deceased lived		idence before admis	slon)
4		a. COUNTY Wicomico Ma		a. STATE Naryland b. COUNTY Wicomico				
ŀ	-		TAY IN 1b C		outside corporate ilm			own)
1		Write RURAL and give nearest town)					2 2 1	
		Salisbury 5 pts	A - 44	Sa lisb	ury	6	1 10 Proint	NOF
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, the street	t address) o	. STREET ADDRESS			e. IS RESIDE	M?
1	6	635 W. Main St.		635	W. Main St.		YES NO	K
	3.	NAME OF First Middle		Last	4. DATE	Month	Day Year	
1		(Type or print) Elizabeth	Re	eed		2-9-66	19	
1	5.	SEX 6. COLOR OR RACE 7. MARRIETCH NEVER MARR		DATE OF BIRTH	19 ACF (In	Vears IF IINDED 1		
1		F C WIDOWED DIVOR	CED CI	-10-	44 or		Days Hours A	VIII.
1	1Da			11. BIRTHPLACE (S	tate or foreign countr	утs. [IZEN OF WHAT	
1	dur	ing most of working life (even if retired) INDUSTRY		4	0 100	COL	INTRY?	
	12	FATHER'S NAME	1 14	4. MOTHER'S MAIL	LEN NAME	- W	0711	
1	13.	PATHER S NAME	2	4. WOTHER'S MAIL				
		enprior	1	11ary	John	son		
1	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY s, no, or unknown) ((If yes give war or dates of service)	NO. 17. INF	FDRMANT	()	Address		
1			Th	willar	y feled		-	Н
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	d (c).]				INTERVAL BETWE	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASDBYXIA		/			Minutes	ın
1		9/60 DUE TO					312110000	
				-11		2715	11	
		gave rise to immediate	mras bo	orsoning				
		cause (a), stating the DUE TO				1000		
	~	underlying cause last. (c)	IT MOT DEL ATER	TOTHETEDMINAL	DISEASECONDITION OF	VEN IN PART 1(a)	119. WAS AUTOF	PSY
	CERTIFICATION	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BO	JI NOI KELATEL	O TO THE TERMINAL	DISEASE CONDITION OF	TEST IN THE A(a)	PERFORME	D?
2	ICA						YES NO	Y
	RTIF	2Db. DESCRIBE HOW IN PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH.	IJURY OCCURRE	ED. (Enter nature o	f injury in Part I or Pa	art II of Item 18.)		
-		I II abbed III	house	during a l	nou sefire.			
1	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	2De. PLACE	OF INJURY (Home, fastreet, office bldg.,	arm, 2Df. (City or to	own) (Coun	ity) (Stat	e)
	0	Hour a.m. While Not While at work at work	Home			rv Wicomi	co Md.	
4	2	21. I certify that I took charge of the remains described			Inspection X.	Inquiry 🔭	and in my ppi	nion
	0		X), Suicid	The same of the sa		mined manner		
		death resolved fluor. Material Causes, Accident [A, Sulciu	CHIEF MEDICA		minou manner		
9		ACTUAL / K		ADDIOTANT ALE	DICAL EXAMINER		22. DATE SIGI	NED
5		SIGNATURE	N	vi.U.	CAL EXAMINER			
4		EXAMINER'S Earl L. Royer, M.D.				2-10-66		
	-	NAME (Type) 1.09 Camden Ave. Salishur	CEMETERY OR		t, city, town, or count	Gity, town or cour	nty) (State	
	23a	DEMOVAL (Sherify)	6)		230. 1004001	elses	m () (State	,
	9		a supe		CUD BY DECLOTOAD	56. REGISTRAR'S	SICHATINGE	
	24	FUNERAL DIRECTOR ADDRESS				201 1	0	
		1200 111-Was		DATE	1 5 1966	garante	1 Judge	
						100	17	

DARSE Server Street Parker

TE EPT.M
EPT.

State FY MEDIAM, EXAMINER: This certificate should be executed within 24 hours after death. If any execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 if or your files. l and event pages 1 in any File permit. F burial-transit used as a to burial, CO be Pia 3 should agent, p CTOR: Page designated DIRECTOR: Its or FUNERAL I please ex director. retained f 0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY a. STATE Maryland Wicomico MARYLAND Department after death. cessary, funeral CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Salisbury Salisbury the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS delay and 3 to t 635 W. Main St. Main 2, and PM3. NAME OF DATE First Middle Last DECEASED John Reed (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9.

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town) e. IS RESIDENCE ON A FARM? YES NO X Year Month 2-9-66 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 11. during most of working life, even if retired) INDUSTRY Zone 13. FATHER'S NAME MOTHER'S MAIDEN NAME Elizab eth N athan Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknyer) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY: linutes IMMEDIATE CAUSE (e) DUE TO 11: Conditions, If any, which Carbon monoxide poisoning rise to immediate DUE TO couse (a), steting the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO X 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. Trapped in house during a housefire. Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, MEDICAL TIME OF INJURY 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While 8:30 April. Salishury Wicomico 2-9-66 at work at work X Home 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINED L. Royer, 2-10-66 Earl EXAMINER'S Address (Street, city, town, or county) NAME (Type) Ave Salisbury Md Address
23c NAME OF CEMETER PR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (Sity, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERACOIRECTOR ADDRESS REC'D BY REGISTRAR 25b. leavely

VR ALSME (5) 5M



FOR STATEM HEALTH DEPT.

O BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any everit within 72 hours after death. TO DEPUTY MEDI-

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VR A15ME (5)

5M

1/65 M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
a. COUNTY Wicomico MARYLAND	a. STATE Maryland b. CDUNTY	Wicomico
b. CITY OR TOWN (if outside corporate limits, c. ENGTH DF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town)
Salisbury	Salisbury	22-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
635 W. Main St.	635 W. Main St.	YES ND
3. NAME OF First Middle DECEASED (Type or print) Mark	Last 4. DATE Month OF Reed DEATH 2-9	Day Year -66 19
a mode to	8. DATE OF BIRTH 9. AGE (In yeers IFUNDER Jast birthday) Months	
M C WIDOWED DIVORCED	12-15-64 last birthday) Months yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		DUN TRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nathan Reed	Elizabeth ()	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT A Adress	
Yes, no, or Unkown) Haryes glya war or dates of service) Nove	Mr Mory Reed	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ASPHYXIA		PINULES
9/6 0 DUE TO		
Conditions, If eny, which) (b) Carbon monoxide	noisoning	111
gave rise to immediate (DO TO VILLE	
underlying eases leet		to Italian area
/ (0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	119. WAS AUTOPSY
CATIC		PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY ED OF CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Pert II of Item 18.	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	during a housefire. (Court of INJURY (Home, farm, 20f. (City or town) (Court of town)	inty) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)	
8:30 April 2-9-66 at work at work M Ho	ome Salisbury Wivo	mico Md.
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from Natural causes , Accident Sui	icide, Homicide, Undetermined manner	
ACTUAL STATE OF THE STATE OF TH	CHIEF MEDICAL EXAMINER	OO BATE CICHED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S EXY L. RODEY 409	DEPUTY MEDICAL EXAMINER Address (Street, city, wif, or county)	2-10-11
238. BORIAL, CREMATION, 23b. DATE THEREOF 23c. DAME OF CEMETERS	Y OR CREMATORY 23d COCATION (City own or cou	mty) (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D'BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Nooper Miles	DEFEB 15 1966 Milanle	Jusal
	I DATE I O TOOO	0 0

المناور الما Signed The Many tel 00.11 CONTRACTOR OF THE providence of a related space, of persons . Cook outs remonite Earl L. Rogler 409 Combaning Sality

ADDRESS

Of VR ALSME (I) BURIAL, CREMATION

REMOVAL (Specify)

usice FUNERAL DIRECTOR

2-9-66 19 Act (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months I 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH linutes 19. WAS AUTOPSY PERFORMED? YES T NO T (County) (State) Salishury Wichmico Md inquiry | Y |. and in my opinion Undetermined manner 22. DATE SIGNED 2-10-66 (State) TORICREMATORY 23d. LOCATION (CITAL town or county) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b.

Wicomic

YES

e. IS RESIDENCE

ON A FARM?

Year

NO T

II. Milnostrop estable to the

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay indicessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDI

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY Wicomico D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF DECEASED (Type or princip) First Middle Last 4. DATE Month Day Year OF SEX (Type or princip) 5. SEX G. COLOR OR RACE 7. MARRIED NEVER MIDDUSTRY 103. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 110. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 110. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done) 100.
Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL end give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 635 W. Main St. 3. NAME OF DECEASED (Type or princi) First Middle Last 4. DATE Month Day Year OF DECEASED (Type or princi) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 103. USUAL OCCUPATION (Give kind of work done during pnost of working life, even if retired) 104. WIDDUSTRY 105. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury d. STREET ADDRESS a. IS RESIDEN ON A FARM: OATE OATE OATE OATE OATE OATE OATE OATE
Write RURAL end give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 635 W. Main St. 3. NAME OF DECEASED (Type or print) To DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2-9-66 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (in years last birthday) 100. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY. 13. FATHER'S NAME Nathan Reed 14. MOTHER'S MAIDEN NAME Nathan Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 635 W. Main St. 635 W. Main S
ON A FARM. 635 W. Main St. A. Date Month Day Year
3. NAME OF DECEASED TO THE PIRE THE STATE OF STA
DECEASED (Type or print): Nathan Reed Jr Beath 2-9-66 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER
Type or prints Nathan Roed, Jr. DEATH 2-9-66 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Deys Hours Min years Months Months Deys Months Deys Hours Min years Months Month
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Deys Hours Min years Min yea
M C WIDOWED DIVORCED NOT 3-65 yrs. 130 Hours Mail 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11a. BIRTHPLACE (State or foreign country) 12a. CITIZEN OF WHAT COUNTRY2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathan Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
13. FATHER'S NAME Nathan Rood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Nathan Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address
(1 es, 100, or unitown) (11 yes give was or unites or see vice)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEE ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia Minutes
1/60 DUE TO
Conditions, if any, which) (b) Carbon monoxide poisoning
gave rise to immediate (
causa (a), stating the OUE IO underlying causa last, (c)
(V)
PERFORMED! YES \(\text{NO} \)
20a. EXTERNAL CAUSE WAS PRIMARY MO OF CONTRIBUTING CAUSE OF DEATH.
Trapped in house during a housefire. Value Value
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, street, office bldg., atc.) While Not While Street, office bldg., atc.)
21. I certify that I took charge of the remains described above, held an Autopsy 🔲 , Inspection 👿 , Inquiry 🙀 , and In my opini
death resulted from Natural causes , Accident x, Suicide , Homicide , Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNE
DEPUTY MEDICAL EXAMINER
EXAMINER'S Earl L. Royer, M.D. Address (Street, city, town, or county)
NAME (Type) Address (Street, city, town, or county) 23a. BURIAL CREMATION 23b. DATE HEREOF AV 25c. DAME OF CEMETERS OR REMATORY 23d LOCATION (Offy, town or county) (State)
NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF AV 23c. DAME OF CEMETERS OR REMATORY REMOVAL (Specify) 23d. LOCATION (Offy, town or county) (State)
NAME (Type) Address (Street, city, town, or county) REMOVAL (Specify) Address (Street, city, town, or county) (State)

VV

Cannot be matched with birth certificate. Entire family, perished in fine. Contacted General Hospital, but buth ded not occur there. 3/10/65-mB

VR A15 (4) 15M 4-64

	MARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	. RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
03032	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		0201

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re af STATE b. COUNTY	sidence before admission)
		WICOMICO MARYLANO	MOC PUELANCIA	erset
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		SALICBURY	Princess Hnne	19-2
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0	P	ENINSULA GENERAL HOSPITAL		YES NO NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
F		(Type or print) KENNETH Leon R	ICHARDS DEATH FEBRUARY	10 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
	m	ALF WHITE WIDOWED DIVORCED 1	Dec-13 1928 37 yrs. Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
ų.	our	actor & Worker Gasoline Pumps	Somerset Co. Md.	
	13.	FATHER'S MAME	14. MOTHER'S MAIDEN NAME	
		Russall Kichmolis	Mancy Hurley	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	1
		s, no, or unkown) (If yes give war or dates of service)	DIT P	Hano
	-	novean contact rea	gy Kichards / rincess	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE OF COURTY CITY	on Wombasia	
		4-201 DUE TO 6/1/	H . C - 1.0 M/ +	16da
		gave rise to immediate (b)	reccias felicilaren	17
		cause (a), stating the DUE TO	6	
	_	underlying cause last. (c)		I C WAD AUTODOV
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
n	FICA			YES NO
1	RT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury In Part I or Part II of Item 18.	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	- facto	CE OF INJURY (Home, farm, 20f. (City or town) (Coupley, street, office bidg., etc.)	nty) (State)
	AED.	Hour a.m. While Not While at work at work		
		21. I certify that (I) (this hospital) attended the deceased from	2/6 1966 to 2/10 196	that (I) (we) last
		saw the deceased alive on 12 10 1966, and that	t death occurred at 9 M, from the causes and on the	ne date stated above.
		22a. SIGNATURE	/ 22b. D/	ATE SIGNED
	1	X/21 / I leure M.C	D. ATTENOING MED. STAFF DIRECTOR PHYS.	
1		22c. PHYSICIAN'S NAME (Type)	22d. AODRESS	Cities (Ly
-		NAME (Type)		
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 230 LOCATION (City, town or you	11 4 /
9	12	Ur 12 (Specify) 2/12/66 Deechwood	Memorial Princess Ha	
	24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
7	1	med Dumon Princes Amon	DATEEB 15 1966 Acharle	Judge:
/	-			77 77

A THE REPORT OF THE PROPERTY O The state of the s I detroy was large leaves from some the second from the second atter the same of Mr. without a complete with my though Si titte for the transmit have the the the the A STATE OF THE STA

Son, Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Dorchester

12. CITIZEN OF WHAT

COUNTRY?

USA

e. IS RESIDENCE ON A FARM?

19

INTERVAL BETWEEN

ONSET AND DEATH

de

WAS AUTDPSY

PERFORMED? NO F

(State)

(State)

YES

(County)

22b. DATE SIGNED

REGISTRAR'S SIGNATURE

ND

YES X

VR A15 (4) 15M 4-64

the little of the latter of th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF DEATH
OF DEATH

OCOUL OLKIII K	OAIL OF PLATE	000411
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE	esidence before admission)
WICOMICE MARYL	7/4	mac /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		3 - 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad	ddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
JENINSULA CENERAL HOSPITAL	K-11	YES NO X
3. NAME OF DECEASED (Type or print) ARC A CHESTER	ROWAND 4. DATE Month OF DEATH FEBRUARS	Oay Year 7 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IFUNDER: Mopths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
MALE WIOOWEO OIVORCEO	Aug. 2/1914 51 yrs. 6	5 Hours Will.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, eyen if retired) INDUSTRY	LCO	TIZEN OF WHAT
during most of working life, even if retired) Arro-Space Mechanic	Mulberry, Kansas U	DUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
Lester Rowland	(Unk)	
15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)	Mrs. Ruth E. Rowland (Wife) k-	11 N.A.S.A
Unk 036-24-6840	Wallops Island, Virginia	LL Mettersen
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: Vertically	Flrelletin	30 mich
4201 DUE TO 0	0	
[Conditions, if any, which] (b) Clente Coron	nay Occursion	1 hours
gave rise to immediate cause (a), stating the OUE TO	1	*5
underlying cause last. (c) Cutterrascl	lews cornary arteries	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NO	OT RELATEO TO THE TERMINAL OISEASECONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR' OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR	RY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
9	20e. PLAGE OF INJURY (Home, farm, 20f. (City or town) (Coufactory, street, office bldg., etc.)	nty) (State)
Hour a.m. While Not While p.m. 19 at work at work	100007, 001000, 01100 8108.; 0007	
21. I certify that (I) (this hospital) attended the deceased fro	om 1-31, 1962 to 2-7, 196	c, that the (we) last
	nd that death occurred at DAM, from the causes and on the	he date stated above.
22a. SIGNATURE		ATE SIGNED
Joseph F. Treall	M.D. PHYS. MEO. OIRECTOR PHYS. D	7/66
22c. PHYSICIAN'S NAME (Type) Oseph C. Fitzgerald	22d ADDRESS Center Salsbur	mol.
	METERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTRE BURIAL Feb.11/1966 Hopkingt		(51239)
24. FUNERAL OIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
HOLLOWAY & COMPANY SALISBURY. M		

VR A15 (4) 15M 4-64

Manag Viriele. 0 0004 7/21/66 Vellops Telend 11-Aug. S/1914 Aulberry, Kamsha of adoes ecast-our (:17) Lester Rowland Are. Note . . ordend(life) .-11 Dr. Joseph C. Fitzgerld Burisl reb.11/1966 doprington Cometery ASTR SY, E. I.

HOLLOWAY & COMPANY SALISBURY, MARYLAND

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page to be retained by the hospital or attending physician.

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VR A15 (4) 15M 7-62 MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATI	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
03035	CERTIFICATE OF DEATH	0302

1.	PLACE OF DEATH o. COUNTY		a. STATE	VCE (Where decessed lived, If		nce before edmission)
	WICOMICO	MARYLAND	J	ame	Wi	Comes
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) PELMAR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, writ	e RURAL end give	neerest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street address)	d. STREET ADDRESS	<u> </u>		. IS RESIDENCE
	415 East St.			Same		ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Addie Me	Middle Sewa	lest	4. DATE Mont OF DEATH	h Dey	Year 19 / /
5.	140	D NEVER MARRIED 8	DATE OF BIRTH ang 17,1	886 9. AGE (In yeers last birthday)	Months Deys	IF UNDER 24 HRS. Hours Min.
10a	one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Maryland	inty & State, or foreign country)	USA	OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN			
	Thomas Reed			th Quillen		
	s, no, or unkown) (Ifyesgive werordates of service)		NFORMANT	Addres		
-	18. CAUSE OF DEATH [Enter only one cause per		rter Sewal	rd Delmar, M		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CARDIA	Frica	NE	O	SET AND DEATH
	Conditions, if any, which	arteroseler	t. Hen	A Pri	,	- Langua
18	gave rise to immediate cause (a), stating the underlying DUE TO (c)		111			0,-7,4,47
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS COL	ATRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	the state of the	19. WAS AUTOPSY PERFORMED?
Ĭ.,	20a. ACCIDENT WAS UNDERLYING _ 20b. DES OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	n Pert I or Pert II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d, Whil. p.m. 19	a Not While fect	CE OF INJURY (Home, fai ory, street, office bldg., et		(County)	(Stefe)
	21. I certify that (I) (this hespital) attentions the deceased alive on	, ,				
	22e. SIGNATURE	s	ATTENDING	MED. STAFF		22b. DATE SIGNED
	22c. PHYSICIAN'S	m M	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	2	2/23/66
	NAME (Type)		100 Gr	rove St. De	elmar,	Del.
23	e. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, to		(State)
	Burial 2-26-66	Templevill	е	Templevil	le, Mar	yland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS med	25a P	B 2 8 1966	GISTRAR'S SIGNA	TURE
4	C. Better green	are at 1/40	1 - / / /		0	0

el leseuelle Dnalyca. Milabeth Onllen Thomas Read busingwa talter Jawara Dalmar, Sapland 'elikeimiel

secuted within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U3U36 CERTIFICA	IE UF DEATH	00042
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	
a. COUNTY	a. STATE b. COUNTY	Somerset
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write Ri	IRAL and give nearest town)
write RURAL and give nearest town)	C. Cill'ok form (if outside corporate limits, write it	A CO
Salisbury	Eden	19-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	s) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pas wella Mangeral	Bo 493	YES UNDE
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED	OF 6/	
	Seward DEATH FEBRUAL	4 12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUN last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. ths Oays Hours Min.
make White WIDOWED Baby DIVORCED	Feb. 11/1966 0 yrs. 0	7
10a. USUAL OCCUPATION (GIVe kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 1	2. CITIZEN OF WHAT
None INDUSTRY None None	Cold shows Manual and	COUNTRY?
13. FATHER'S NAME	Salisbury Maryland	USA
David A. Seward	Thelma Seymour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	7. INFORMANT Address	D 0 B 402
No No	r.David A. Seward-(Father) Eden. Maryland	-F.U.D.#43
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Distant Bally Family	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	+ 950-00	ONSET AND DEATH
1 IMMEDIATE CAUSE (a)	send - 100 dung	
DUE TO		
Conditions, if any, which (b)		
gave rise to immediate (cause (a), stating the DUE TO		
underlying cause last. (c)		
	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOTRE 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO GEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
L	actions of the part is a part if of the	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Part 1 or Part II of Iter	n 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
White - Not white -	ctory, street, office bldg., etc.)	
	51// 51	. k.h
21. I certify that (I) (this hospital) attended the deceased from	2/11 , 1966 to 2/12 , 1	19 6 that (I) (we) last
	hat death occurred at 3 13 M, from the causes and	
22a. SIGNATURE	221	DATE SIGNED
William C. Morran	M.O. ATTENDING MED. STAFF PHYS. PHYS.	14/1966
22c. PHYSICIAN'S	22d. ADDRESS	7
NAME (TBY . William Morgan	Medical Center-Salisbu	ry Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		
REMOVAL (Specify)		
Tar Box of	Cemetery Salisbury	Maryland PAP'S GENATIBE
24. FUNERAL DIRECTOR ADDRESS		rles Judge
HOLLOWAY & COMPANY SALTSRIEV MAI	BYT AND SEEB 15 1958 ICCO	ray juage

VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated Page 4 may be retained by the hospital or attending physician.

Seb.11/1966 THE TYPE , THE LIE The last Seyworks Mr. Olyil A. So. Tad Her) - F. O. B. 153 1256 / 12 Dr. Hilliam Norgan Medical Conten-Selieburg, Macrish Burtal Fab.14/1966 | Parson: Cometery Soliabury, Pryland HOLLOVAY & COMPANY SALISBURY, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03037

FOR STAT HEALTH DE

farm PM3. Page

delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

CAL EXAMINER: This certificate should be executed within 24 havrs after death. If

TO DEPUTY MEDI

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Wicomic	0	MARYLA	o. STA		Where deceosed lived, if i	COLLEGE	rcester	
	b. CITY OR TOWN write RURAL or	(If outside corporate limit ad give nearest town)	5,	c. LENGTH OF STAY IN	l l	Snow H	utside corporote limits, wr	ite RURAL and giv	re neorest town) 23-2	
		TAL OR INSTITUTION (If no	,		d. STREE	T ADDRESS			e. IS RESIDET ON A FAR	NCE M2
30	Peni	nsula Gener	al Hosp	oital						0 🔲
	NAME OF DECEASED (Type or print)	Avery	rst D	Middle S	hockley	ost	4. DATE OF DEATH	Month 2-19-6		
S.	SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		. 18,		Months	Doys Hours	Min.
di di	uring most of working	N (Give kind of work done g life, even if retired) ekeeper	10b. KII INI S	ND OF BUSINESS OR DUSTRY eafood			or foreign country) .ll, Maryl	((TIZEN OF WHAT DUNTRY? USA	
13	3. FATHER'S NAME					HER'S MAIDEN				
		e C. Shock					G. Hearne			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO. 4164820	17. INFORMAN		Davis. Sa	Address		
	Canditions, if on rise to immedio stoting the undlost.	re couse (o), erlying couse	(o) C1 10 (b) 10 (c)	rushed ches		IAI DISEASE CO	NDITION GIVEN IN PART 1	(6)	INTERVAL BETWOONSET AND DEA	ATH
CFRTIFICATION	20o. EXTERNAL C	AUSE WAS					Port I or Port II of item		PERFORMED YES NO)?
G. P.	PRIMARY Or CO CAUSE OF MATH.	ONTRIBUTING L		Passenger	in car	involve	ed in collis	sion wit	h another	car
MEDICAL	20c. TIME OF IN.	JURY Month, Doy, Yeor	. Milita	Not While	Rt 113			wn) (Co	//	ote)
		fy that I taak charg		ains described abo			Inspection 🗼	Inquiry X,	and in my op	pinian
	death resu	Ited fram Natur	al causes	, Accident X		CHIEF MEDICAL	EXAMINER	ed manner _	22. DATE SI	GNED
	SIGNATURE	Ford T Po-	M T	X	M.D.		DICAL EXAMINER AL EXAMINER	2-21-6		
	EXAMINER'S NAME (Type)	Earl L. Roy	n Ave			Address (Stree	t, city, town, or county)			
2	BURIAL CREMATI	ION, 23b. DATE TH	EREOF 2/66	Salisbury 23c. NAME OF CEMETE Mt. Zio			23d. LOCATION (City Snow H		(County) (Stor	te)
	24. FUNERAL DIRECT			ADDRESS Hill, Ma			D BY REGISTRAR 2	Sh. REGISTRAR'S		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. COUNTY				2. USUAL RESIDENO a. STATE		deceased lived, If In b. COU	YTY		
		Wicomico	MARYLAN			yland	1-11-11-		rset	
	write RURAL Salist	N (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (II		nne, Mary		evig one	nearest town)
-		SPITAL OR INSTITUTION (if not in		ess)	d. STREET ADDRESS		mie, mary.	Lanu	e.	S RESIDENCE
		s Head State Hos		,		T.			YES	ON A FARM?
3.	NAME OF	First	Middle		Last	4. DA1	E Mont	h	Day	Year
3	(Type or print)	Thomas	В.		Smith	OF DEA	TH Febru	ary	6	19 66
5.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	7 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		
	Male	Colored WIDOW	EO DIVORCEO	7 7	3/11/98		67 yrs.	Months	Days	Hours Min.
108	USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR		11. BIRTHPLACE (C	County & Sta		y) 12. CI	TIZEN OF UNTRY?	WHAT
aur	Labor	ing life, even if retired)	W Mill		Maryland				A	
13.	FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME				
	Bessie	Smith			2					
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.]	17.	NFORMANT		Addre	SS		
(Ye	es, no, or unkown)	(If yes give war or dates of service)		T.OT	rie Dashi	614	Pningegg	Anne	hM c	
=	18 PAUSE OF	DEATH [Enter only one cause pe		TIO A	Te DasiiI	era .	r I THEE 88	AIIII		AL BETWEEN
	1-C7-11 11 11 11 A 11 11			20.00					ONSET	ANO DEATH
	10	IMMEDIATE CAUSE (a)	light descendi	ng	coronary o	cclus	ion		Min	utes
	4201	DUE TO A	rteriosclerot	in	aandi araas		di conce e	1 4 %	Yr	
	Conditions, if		r relingciero	TC					IF	S
	cause (a), st	tating the DUE TO			m.	rorat	insuffic	rency		
Z	underlying caus	1 (0)		20140		DIGERGE	OND IN ON OUVEN IN	IDART 1/a)	119. V	VAS AUTOPSY
CERTIFICATION		of prostate	IBUTING TO DEATH BUT NOT	RELATI	ED TO THE TERMINAL	DISEASEC	ONDITIONGIVENIN	IPAKI I(a)		ERFORMEO?
E			. DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature o	of Injury In	Part I or Part II	of Item 18.)		
	OR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE OF OEATH TIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF Hour a.r			. PLACI factory	OF INJURY (Home, f , street, office bldg.,		. (City or town)	(Cour	nty)	(State)
M	p.1		Not While at work				D 1 /		/	The state of the s
13		y that (I) (this hospital) atte	nded the deceased fron	1	Jan. 27 , 1	19_66,	to reb. o	, 19_6	O, that	(I) (we) last
		ceased alive on Feb.	0 19 00 , and	that	death occurred at	LIA M,	from the causes	and on th	e date	stated above.
	22a. SIGNATUI	RE ////////////////////////////////////			ATTENDING -	MED.	STAFF PHYS.	0/2	/66	EU
	DI DIDUNGA			M.D.	PHYS	MED. DIRECTOR	PHYS.	-/1	700	
	22c. PHYSIOIA		z-Garrido, M.	D.		ead H	ospital;	Salish	ury.	Md.
238	BURIAL, CREN	ATION, 23b. DATE THEREOF	23c. NAME OF CEMI	TERY (~	23d.	LOCATION (City,			(State)
F	REMOVAL (Spe	eclfy) 2/II/66	St Paul			M	t Vernor	Mars	rlan	đ
	. FUNERAL DIRE		AODRESS		25a. RE	C'D BY RE	t Vernor			URE
M	Tilliam .	H. James Jr. Pr	incess Anne	, Md	DAFEE	B 10	1966	Marle	1) Ju	del
-					PRILE		1000		1	0

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Dennity along State Hermania LIIM Wat Covic Deshield Princess Arms 20 mode for a restrictive go the order of Ltd. o la reason relepayalling of traffic at a the section from the management weeking at the section 22. more consequent about a single con-C. P. Levin arrest Court de C. P. D. Deer et Bank Bank Bank St. De Print De Braincall, course 34 99/11/6

by author ansource, it asset is a called the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		03040 CERTIFICAT	E OF DEATH	10026
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Fa. STATE N.J. b. COUNTY Glou	tesidence before admission)
1		b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		write RURAL and give nearest town)		and give nearest town)
	_	a lisbury	d. STREET ADDRESS	e. IS RESIDENCE
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
9		eninsula General Hospital		YES NO X
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
		(Type or print) MARGUERITE C.	Juan DEATH Tebruary	1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	F.	emale white WIDOWED OIVORCED	Dec. 22/1893 72 yrs. 1	9
Y	1Da	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY		ITIZEN OF WHAT
Ā		None	New York City N.Y.	USA
		FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
1		William McDonald	Elizabeth Brady	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. My or unkown) (Ifyes give war or dates of service)	Ave. Salisbury, Maryland	nt was to m
	(,,	or unkown) (If yes give war or dates of service)	Ave. Salisbury Maryland	Pinceten
	I	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caydiac o	irest	ONSET AND DEATH
		593 × DUE TO		
		Conditions, If any, which) (b) reval ha	iline	me week
		gave rise to immediate		
1		cause (a), stating the underlying cause last.		
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Central Vascu	las accidents (Thrombosis	YES NO NO
	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18	.)
	CER	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			ACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
	MEDICAL	Hour a.m. While Not While fact	tory, street, office bldg., etc.)	
	Z	p.m. 19 at work at work	1 1/1 20 11 2/1/6/2 20	Abot (I) (wa) last
		21. I certify that (I) (this hospital) attended the deceased from	at death occurred at 4.55 M, from the causes and on the	, that (I) (we) last
		saw the deceased alive on 3/1/66 19, and the		DATE SIGNED
9			ATTENDING MED. STAFF	1100
		22c. PHYSICIAN M.	O. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
		NAME (Type)	Pen Gen Hospital Salisb	urv.Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
		Burial Feb. 4/1966 Wiconico Me		busly
	24.		25a. REC'O BY REGISTRAR 25b. REGISTRAR	SIGNATURE
	H	OLLOWAY & COMPANY SALISBURY, MARY	CLAND FAFEB 7 1966 Jelianle	Juage
			DATE I	

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ER BUSINESS FORMS, INC., BALTIMORE, MD. 21201 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Wicomico b. COUNTY Maryland MARYLAND Ad 17 10 1b Fruitland d. STREET ADDRESS

Wicomico b. CITY DR TOWN (if outside corporate limits, write RUBAL and give nearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (P.O.B.#443 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Pen.Gen.Hospital Hayward Ave. NO X YES NAME OF First Middle Last DATE Month Day Year DECEASED KATHERINE (KATIE) TOMLIN 14 19 66 (Type or print) DEATH FEB. 5. SEX 6. COLDR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED White Nov. 13/ 1888 DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
House wife NONE COUNTRY? Baltimore, Maryland SA 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME Charlie Cathell Lena Bachman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Walter 16. SDCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) C. Tomlin (Nusband) 18. CAUSE DF DEATH [Enter only one cause per INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) de DUE TO Cara Conditions, If any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO X 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) N/A MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work p.m. at work

22c.

966

COMPANY

21. I certify that (I) (this hospital) attended the deceased from

saw the deceased alive on 22a. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS DIRECTOR

22b. DATE SIGNED

PHYSICIAN'S

BURIAL, CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

Ave Salisbury Maryland 23d. LOCATION (City, town or county)

(State)

FUNERAL DIRECTOR HOLLOWAY &

ADDRESS SALISBURY MARYLAND

Wicomico Memorial Park

Salisbury, Maryland gistrar's signature 25a. REC'D BY REGISTRAR |

from the causes and on the date stated above.

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ages 1 and 2
ttar death. completely filled in by the carbon papers. Page event, within 72 hours a by Pag ermit. Then please the or removal, and in ed by the attenctransit permit. has been signed by the e as the burial-transit p n prior to burial, cremati or attending physician. for use Health DIRECTOR: After this certificate age 3 should be detached for use led with the State Dept. of Health retained page filed Page 4 may TO FUNERAL director, pa

hours after death.

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death certificate

PHYSICIAN: The law requires that the

VR A15 (4) c 20M 1/65

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MATHERING (MATE) ANNA TOMAN

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None Bultimore, Maryland U.S.A.

Lens Rechner

219-12-5273 F. (See Se 2 8000)

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Charles Cathell ...

Dr. William D. Grey / Camdem Ave. Solimbury, Maryland

Burisl Feb. 17/1966 Vicomico Memorial Park Saliabure, Narvione

HOLLDRAY & CONTANY SALISBURY, KERYLAND STATE STATE OF THE STATE OF THE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission of the COUNTY of the

1.	1. PLACE DF DEATH a, COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY					
	Wicomico MARYLAND					Maryland Wicomico					
	b. CITY OR TOW write RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Salisbury 22 Days			Sal	lisbu	rv		22-1			
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in hos	pital, give street add	ress)	d. STREET ADDRESS					IS RESIDENCE ON A FARM?
D	eer's He	ad State Ho	spital,	Salisbury,	Md.	642 S. Div	visio	n St.		YE	S NO
3.	NAME DF DECEASED	Fi	rst	Middle		Last	4. DA			Day	Year 19 66
5	(Type or print)	Erer	est	W.		ownsend	DE	19 AGE (In years	IF LINDER 1	YEAR HE	UNDER 24 HRS.
		6. COLOR OR RACE				1	10	last birthday)	Months E	Days	Hours Min.
	ale	White	WIDOWED [DIVORCED		PR. 2/ 190	O O	65 yrs.) 12 GIT	IZEN OF	F WHAT
dur	ing most of work	TION (Give kind of work king life, even if retire	d) IND	USTRY				accept for reality	COL	JNTRY?	
12	RET. NUF		I OW.	NER		MARYI.		r		U.S.	A
13.											
		ST W? TOWNS				AMELIA	SHO	CKLEY	•		
(Ye	s. no. or unkown) ((If yes give war or dates of service)			INFORMANT Address							
	NO				MR	RS. HUGH W. DAUM, CRETE, ILLINOIS					
		DEATH [Enter only on		e for (a), (b), and (c).]						VAL BETWEEN F AND DEATH
Н	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) CA	of the st	oma	ch with adv	rance	d metastas	is		onths
	15-17								5.77		
	Conditions, If		(b)								
	gave rise to immediate (cause (a), stating the DUE TO										
	underlying cau	se last.	(c)				2				
NO	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	ING TO DEATH BUT NO	TRELA	TED TOTHE TERMINAL	DISEASE	CONDITION GIVEN IN	PART 1(a)	19.	WAS AUTOPSY PERFORMED?
CAT										YES	
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEA	TH 20b. DE	SCRIBE HOW INJURY	y occu	RRED. (Enter nature o	of Injury I	n Part I or Part II o	of Item 18.)		
	(IF EITHER, NO	TING CAUSE OF DEADTIFY MEDICAL EXAMI	NER)								
CAL		INJURY Month, Day,	Year 20d. INJ		e. PLA	CE OF INJURY (Home, f		of. (City or town)	(Cour	ity)	(State)
MEDICAL	Hour a.	m. 19	While at work	Not While at work	Tuctor	, , at 60t, 011100 blug., 1	010.7				100 M
-		fy that (I) (this hos			m_	2/1 1	19 66.	to 2/23	_, 19_6	6, tha	t (I) (we) last
		ceased alive on	2/23	19.66 an	d that	death occurred at	9:00	from the causes	and on th	e date	stated above.
	22a. SIGNATU	IRE.	11/1/	11					22b. DA	TE SIGN	NED
	1	11/9	111	1	M.D	. ATTENDING	MED. DIRECTO	R PHYS.	2/	23/6	66
	22c. PHYSICA NAME (1	vno\	-			22d. ADDRESS					
	5 WANTE (C. F	Gutier	rrez-Garri	do, N	1.D., Deer's	Head	State Ho	spital	Sal	isbury
232	a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City, t	own or cou	nty)	(State) Co.
	REMOVAL (ST BURLAL	2/26/	1966	WICOMICO	MEN	I. PARK		SALISBURY.			
24	. FUNERAL DIR		. 7	ADDRESS		25a. RE	EC'D BY R	EGISTRAR 25b. R	EGISTRAR'S	SIGNA	TURE
	rull	or Chel	1 4	Mislim	1.7	na DATE	328	1956 00	Carela	, Que	198

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7-1966

Olivet

City. Md

Mt.

Pocomoke

ADDRESS

Cemetery

Somerset

25b,

REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

Year

1966

YES X

Hours

Maryland

INTERVAL BETWEEN

ONSET AND DEATH

6 Months

WAS AUTDPSY

PERFORMED?

NO T

(State)

YES X

, 1966, that (I) (we) last

(County)

22b. DATE SIGNED

County, Maryland

REGISTRAR'S SIGNATURE

Days

COUNTRY?

12. CITIZEN OF WHAT

R.F.D.

U.S.A.

NO T

HOSPITAL TO FUNERAL director, p VR A15 (4)

REMOVAL (Specify)

PONERAL DIRECTOR

Burial

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VS. A15ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Re-

	113.044								Reg. D	ist. No	. 00	LOOT
7.	PLACE OF DEATH o. COUNTY Wice	omico		MARYLAN	- 11	o. STATE Mary	(Where dece	b. COUNT	Υ .	ence bef		issian)
	b. CITY OR TOWN (If ond give neared town)	outside corporate limits, wri isbury	e RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN Sali	(If outside co	rporote limits, write	RURAL one	d give no	parest ta	wn)
	d. NAME OF HOSPITA			hospital, give street address)		d. street Address Glenn Ga		Apartmen	ts		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	RAYMOND	rst	Middle KING		TRUITT	4. DATE OF DEATH	Mont 2	h	Doy 22		966
5.	Male	6. COLOR OR RACE White		RRIED NEVER MARRIED DIVORCED		ATE OF SIRTH -22-1914		9. AGE (In years lost birthday) 51 yrs.	IF UNDER Months	Days Days	IF UND Hours	ER 24 HRS. Min.
100	during most of working	N (Give kind of work life, even if retired) Lerk	done 10	b. KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (SIG		country)		S.A		COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
	Raymond 1	K. Truitt				May Serma	in					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FO	service)			R. King	Truitt	Address, Same				
CERTIFICATION	Conditions, if on gave rise to immedia, stoting the ucause lost.	ide couse nderlying DUE TO (c ER SIGNIFICANT CON) IDITIONS	CONTRIBUTING TO DEATH BU					VEN IN PAR			AUTOPSY PRMED? NO
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.		W			OF INJURY (Home, fa , street, office bldg., e		y or town)	(Con	unty)		(Stote)
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	from: Natural	Roy		uicio	, held an Autap de, Homicio A.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	EXAMINER C	ER 🗆	Inquir cause	ry 包,	DATE S	find that
220	BURIAL, CREMATION REMOVAL (Specify) Burial	2-25-19		Parsons Ceme				ITION (City, town, Lisbury,)		and	(Stot	e)
	FUNERAL DIRECTOR'S		alis	bury, Maryland		24a. RE	C'D BY REGIS		strar's sic	GNATUR		

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MARVIAND CTATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH O. COUNTY Wic	omico	MARYLAI	2. USUAL RESIDENCE o. STATMaryl		sed lived. If institu b. COUNT	,	omic		ision)					
and give nearest town)			16 c. CITY OR TOWN	(If outside cor	porate limits, write	RURAL ond	give n	nearest lawn)						
	isbury	30 Yrs.	Salis	bury			d	2-1						
d. NAME OF HOSPITA	L OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS	d. STREET ADDRESS										
Pars	ons RD.,		Parso	ns Rd.					NO X					
3. NAME OF DECEASED (Type or print)	MAE First	Middle ELIZABETH	Lost TURNER	4. DATE OF DEATH	Manth 2		_{Dоу} 20		9 66					
5. SEX Female	1	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Tanuary 18,1	889	9. AGE In years lost birthday) 77 yrs,	Months	1YEAR Days	Hours	R 24 HR					
10a. USUAL OCCUPATIO during most of working House Wif	life, even if retired)	Own Home	DUSTRY 11. BIRTHPLACE (Ste Marylan		country)		ZEN O	WHAT	COUNTR					
13. FATHER'S NAME Stanford	Culver		14. MOTHER'S MAIDEN Elizabe		n Nichol	son								
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	(ce)	Mrs. Minnie C	. Gordy	Address 7. Salisbi	urv. l	M rv	land						

No	(17 you, give wai by out		Unknown	Mrs. Minnie C.	Gordy, Salish	oury, M rylan	d
	ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE	Y: 12	ine for (o), (b), and (c).]	fartie ann	man	INTERVAL BETT	
Conditions, If gove rise to imm (o), stating the	ediote couse	(b)_ (Lisic.	J. b.	0	- Ju	
CATIO				ATH BUT NOT RELATED TO THE TERMIN			AUTOPSY ORMED? NO
20a. EXTERNAL C. PRIMARY Or CO CAUSE OF DEATH	ONTRIBUTING [20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter noture of injury in Part I	or Port II of item 18.)		
20c. TIME OF INJ Hour a. m p. m		W	hile Not while work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	that I taak cha			ed abave, held an Autapsy	, Inspection	Inquiry , and	find tha

Accident , Suicide , Hamicide , Undetermined cause .

ACTUAL EXAMINER'S NAME (Type) Dr. Earl L. Royer

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

2-21-1966

DATE SIGNED

22a. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-23-1966

2-23-1966

22c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery

22d. LOCATION (City, town, or county) Salisbury, MAryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Hill Funeral Home

ADDRESS Salisbury, Maryland 240. REC'D BY REGISTRAR FFB 23 195

24b. REGISTRAR'S SIGNATURE



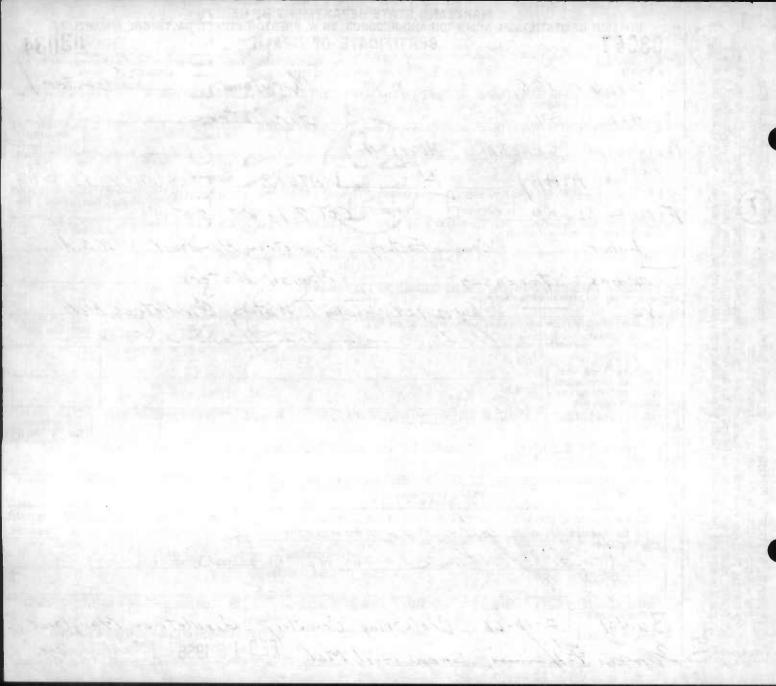
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			DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
K	E04		03046	CERTIFICATI	E OF DEATH	03033
hours after death	funeral 1 and 2 er death.	1.	PLACE OF DEATH a. COUNTY	MADVIAND	2. USUAL RESIDENCE (Where de a. STATE	b. CDUNTY
rs afte	by the Pages Irs aft		b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	MARYLAND its, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porate limits, write RURAL and give nearest town)
hou	E 0	-	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24	etely filled in rbon papers. , within 72 h	OF	ninsula Hen.	a rat	821 Rogers 5	YES NOV
withi	carbon perent, with	3.	NAME OF First DECEASED (Type or print) Lake Fra?	ncis Wat Ker	Last 4. DATE OF OEATH	10014219
ecuted	and eve	5.	1 1 1 -1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	
be e)	physician en please navel, and in	10a dur	USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State SomersetCo	
tificate	iding phys Then planer removal, a	13.		to.	14. MDTHER'S MAIDEN NAME	Miles
ath cer	the attending ph it permit. Then nation, or removal	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unkown) (If yes give war or dates of servi	? 16. SDCIAL SECURITY NO. 17.	INFORMANT Walk	Address Rogers St.
PHYSICIAN: The law requires that the death certificate be executed within	> 0 H		18. CAUSE OF DEATH [Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for (a), (b), and (c).	duch from	Malying INTERVAL BETWEEN ONSET AND DEATH
res tha	the hospital or attending physician. this certificate has been signed b detached for use as the burial-tran is Dept. of Health prior to burial, cre		Conditions, If any, which	Confistion !	Leut Fait	deline?
w requi	ending p is been is the bu rior to b		gave rise to immediate cause (a), stating the underlying cause last.	arteriosch	retie Deg.	Leve Diseas
The lar	tal or attending prificate has been for use as the been Health prior to be	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISPASE CON	idition oven in Part 1(a) 19. WAS AUTOPSY PERFORMED?
ICIAN:	e hospital or a nis certificate tached for use Dept. of Health	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HDW INJURY DCCU	IRRED. (Enter nature of injury in	art I or Part II of Item 18.)
G PHYS	d by the host After this ce I be detached State Dept. (MEDICAL	2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY DCCURRED 2De. PLA facto at work at work	CE OF INJURY (Home, farm, 20f. ry, street, office bldg., etc.)	(City or town) (County) (State)
OR ATTENDING I	OR: After lould be the State	M	21. I certify that (I) (this hospital)	attended the deceased from	Jan 19, 1964 to	om the causes and on the date stated above
DIA AT	y be retained DIRECTOR: A age 3 should fled with the S		saw the deceased alive on 22a. SIGNATURE		ATTENDING MED.	STAFF 22b. DATE SIGNED
O HOSPITAL			22c. PHYSICIAN'S NAME (Type)	M.C	D. PHYS. DIRECTOR L 22d. ADDRESS	PHYS.
TO HOS	Page 4 may TO FUNERAL director, pa should be fi	238	REMOVAL (Specify)	EOF 23c. NAME OF CEMETERY	- Ma 11/2	DCATION (City, town or county) (State)
	- De	X 4	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGI	STRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4)	XC	mes Juman	Trivela Hara	DATE B 14 1	2001

and standard of American American American DATE OF THE PROPERTY 521 " 1 53 TRECT Markey a Waller Still And Sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death: hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the furnishment by the furnis mIC WICO MARYLAND TOWN (If outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR ease remove carbon papers. Pag and in any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) URV filled in e. IS RESIDENCE ON A FARM? NO M (ENINSUL YES within and completely NAME OF First Middle DATE Month Day Year Last 4. DECEASED 19 DEATH (Type or print) DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) TMPLACE (County & State, or foreign country) physician COUNTRY? during most of working life, even if retired) death certificate be FATHER'S NAME 百 removal, the attending phi INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. permit. 17. 0 (Yes, no, or unknwn) (If yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation, INTERVAL BETWEEN ONSET AND DEATH tine for (a), (b), and (c). CAUSE OF DEATH [Enter only one cause per 18. PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last. (C) WAS AUTOPSY 19. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO IV YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While FO HOSPITAL OR ATTENDING Page 4 may be retained by at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. du PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) 1and REGISTRAR'S 25b. FUNERAL DIRECTOR D BY REGISTRAR VR A15 (4) 15M 4-64



FOR STATE HEALTH DEPT.

O DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay indecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages I and 2 with the State Department in any event within 72-hours after death. permit. File premoval, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or TO DEPUTY MEDI

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13043 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDEN a. STATE	CE (Where deceases	b. COU		dence before	e admission
_	Wicom	LCO		MARYLANO		Maryland			erset	
	b. CITY OR TOWN (If out write RURAL and give Salisbu	nearest toy	(n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	Dames (d give nea	arest town,
				hospital, give street address)	d. STREET AOORESS		94442 00	-		RESIDENCE
1	Penins	sula Ge	eneral	Hospital	Main	Road			YES	A FARM?
3.	NAME OF	FI	rst	Middle	Last	4. DATE	Mont	h	Day	Year
1	(Type or print) Robe		Lee	White		OF DEATH	2-6			19
5.	SEX 6. COL	OR OR RACE	7. MARRIEC	NEVER MARRIED	8. OATE OF BIRTH	9. AG	E (In years st birthday)	Months Da		
	M (3	WIOOWED	DIVORCEO	3-24-51		LI VIS.	MORENS DE	ys Hou	irs will.
dui	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 13. FATHER'S NAME				Mary	land	country)	COU	ZEN OF WHATRY?	TAF
	77111211 0 11711112									
	Curts		ite		Betty	Rober				
	. WAS DECEASED EVER IN U s, no, or unkown) (If yes gi			. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	\$\$		
,	32			Was a	Mrs. Betty	Tones-	Damos	01100	+	1/2
-	18. GAUSE OF DEATH	Enter only on	e cause per		HO. DCOUY	DOMES-	Dame:		ter-	BETWEEN
	PART I. DEATH WAS	S CAUSED BY	: Ho	morrhage	*		5		ONSET AN	
	Q T / VIMMED	DIATE CAUSE	(a) 110	anor mage					да по	ours
	1811	78/X OUE TO								
	Conditions, if any, whi		(b) Gu	inshot wound of	chest and	abdomen			40-1	nours
	cause (a), stating 1	Alle	TO							
	underlying cause last.		(c)							
NO	PART II. OTHER SIGNIFIC	ANTCONDITI		UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	OISEASE CONDITI	ON GIVEN IN	PART 1(a)		AUTOPSY
ATI									YES T	FORMEO?
CERTIFICATION	20a. EXTERNAL CAUSE	WAS	20b.	OESCRIBE HOW INJURY OCC	IIRREO (Enter nuture o	of Injury in Part I	or Part II	of Item 18.)	1 .20	NO P
IN I	PRIMARY Tor CONTRIE	SUTING [200.	OLDONIDE HOW INJUNIT OUC	OKALO: (Enter mature o	injury in ruit i	01 1 01 1 11			
CE				Shotgun wou	nd of abdome	en.				
MEDICAL	20c. TIME OF INJURY	Month, Day,		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f ory, street, office bldg., (arm, 20f. (City	y or town)	(Count	y)	(State)
EO	Hour a.m. 2-	11-6619	While at wor	Not While at work	Home		Quart	er Som	erset	Md.
2				mains described above, he	old an Autoney	Inspection	XI. Inqu	iry X.	and in n	ny opinio
						-	determined	_	7	., ., .,
	death resulted from	Natura	causes	, Accident St	icide,Homic	-	de termine (I manner [
	ACTUAL				CHIEF MEDICA				22 041	TE SIGNEO
	SIGNATURE	1	- ~	X	M.O. ASSISTANT ME		-		22. UN	IE STUNEO
	EXAMINER'S Earl	L. Ro	ver. M.	(d)	DEPUTY MEDI	CAL EXAMINER	2-	7-66		
	CAMINITER O	Camdon		Salighum. Md	Address (Stree	et, city, town, or	county)			
23	. BURIAL, CREMATION,	23b. OATE	THEREOF	Salisbury Md	Y OR CREMATORY	23d. LOCAT	ION (City, t	own or count	ty)	(State)
	REMOVAL (Specify)	2-9-6	6	Macedonia (Cemetery	Dames	Quar	ter M	D	
24	. FUNERAL DIRECTOR			AOORESS		C'O BY REGISTR	AR 25b. F	EGISTRAR'S	SIGNATUR	E
	Z 7 WEN	5/8	Pr	incess Anne	MD DATE	B 1 4 196	6 80	lianles	Judg	ic:

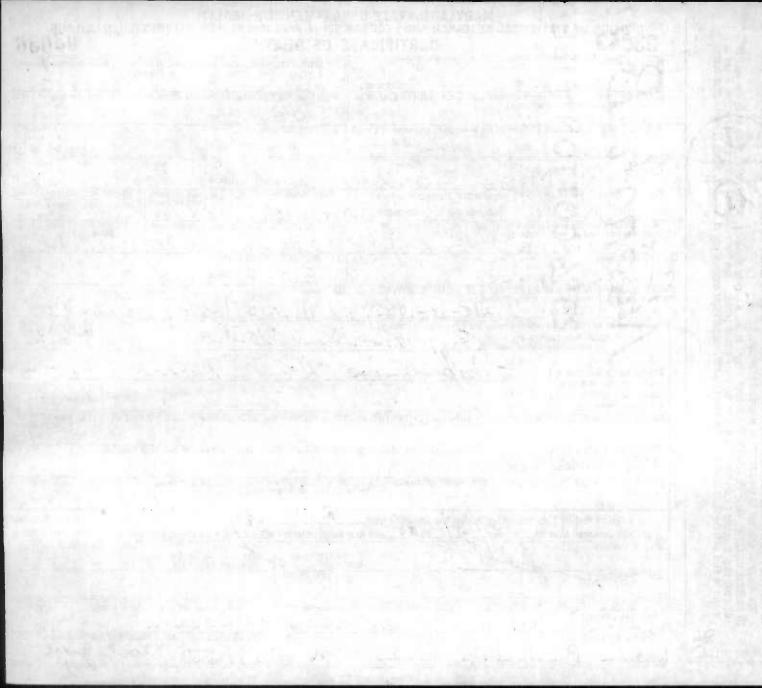
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Transport of to any distriction. 10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refuse carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
1	03049 CERTIFICAT		03036
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence	e before admission)
1	WICOMICO MARYLAND	a. STATE D. GOUNTY D. GOUNTY D. GOUNTY D. GOUNTY	STER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
1	SALISBURY	DERLIN 23	3 - 7
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM?
7	PENINSULA GENERAL THOSPIT.	N RED	YES NO
1	3. NAME OF DECEASEO First Middle	Last 4. OATE Month Day	1 1
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years IFUNDER 1 YEAR	19 64
	Female White widowed Divorced	Nov. 1, 1877 88 prish yrs.	Hours Min.
ľ	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UNDUSTRY 10b. KIND OF BUSINESS OR UNDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	OF WHAT
	HOUSEWIFE OWN HUME	BERLIN MORFO U	51
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11/5
	ISAAC JONES	ELIZA ESHAH	
J	(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT	WIRFD.
1	No No 215-38-1083 Mg	BS. WILSIG/ ASSEV, DERLIN	JA D'
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	If ONS	ERVAL BETWEEN
1	IMMEDIATE CAUSE (a) Congertice	Harri gariare	Rake
1	Conditions, If any, which \ DUE TO Traffic Conserved	Her Diseas 6	lean-
1	gave rise to immediate	4) 4	
	cause (a), stating the DUE TO Underlying cause last.		
1		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YE	PERFORMED?
4	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
-	- Hann and factor	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(State)
	B Hour a.m. While Not While p.m. 19 at work / yat work	ala 1 14 al 16	
ı	21. I certify that (I) (this hospital) attended the deceased from	1026, to 2/4,/19 ti	hat (I) (we) last
1	saw the deceased alive on 1966, and that 22a. SIGNATURE	t death occurred at 21 M, from the causes and on the dat	
1	XAHT	ATTENDING MED. STAFF	GIVED
1	22c. PHYSICIAN'S M.C	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	
1	NAME (TSBe)		
1	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, town or county)	(State)
	130124 - 1.10	REGIA DERLIN	MP
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
2	Arma M. Durbage Julia	DAFEEB 17 1966 Juliantes Ju	udge



Item 18 Film G374 3/7/66MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93050 FOR STATE HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03037

		ACE OF DEATH COUNTY	Wicomico		MAF	RYLAND	2. USUAL RESIDENCE (No. STATE Mary.	Where deceosed lived, if i	COLINTY	e before odmission) Mary's
	b.	write RUPAL and	autside corporote limits, give negrest tawn) Boury		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	rtside corporote limits, wr	ite RURAL and give	neorest town)
0	d.	NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospitol, g	ive street oddress)		d. STREET ADDRESS	11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		e. IS RESIDENCE ON A FARM? YES NO K
		ME OF CEASED pe or print Chi	First oplier	Bruce	Middle	Wi	Lost	4. DATE OF DEATH	Month 2-17-68	Dov Year
	S. SEX			7. MARRIED WIDOWED	NEVER MARRIE	- 4-	8. DATE OF BIRTH ct. 23, 19	9. AGE (In ye	loy) Months	YEAR IF UNDER 24 HRS Doys Hours Min.
	during		(Give kind of work done ife, even if retired)		ND OF BUSINESS OR DUSTRY S. Navy		11. BIRTHPLACE (Stote			IZEN OF WHAT JNTRY? USA
	13. F	THER'S NAME					14. MOTHER'S MAIDEN	NAME		
	C	hristop	her Bernar	d WIL	HELMY		Mary Eliz	abeth KANE		
	15 W	AS DECEASED EVER	RIN U.S. ARMED FORCES? (If yes give wor or dotes of 1958-1966	16 9	OCIAL SECURITY NO. 0 64 130(NFORMANT ficial Nav		Address	
		8. CAUSE OF DE	ATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (c	per line for Mul	(o), (b), ond (c).)		l and exte	rnal injur		INTERVAL BETWEEN ONSET, AND DEATH Sudden
	ri	onditions, if ony, se to immediate oting the under st.	couse (o),	0)			salat m. 1.	seve		
2	ATION	ART II. OTHER SIG	SNIFICANT CONDITIONS COL	NTRIBUTING T	O DEATH BUT NOT RE	ELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERT S	Oo. EXD RNAL CAU RIMARY () or CON AUSE OF DEATH.	JSE WAS ITRIBUTING	20b. DE:	Airplane		Enter noture of injury in	Port I or Port II of item I	18.)	
2	MEDICAL	Oc. TIME OF INJU	RY Month, Doy, Yeor 2-17-66	20d. IN While at work	Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		wn) (Cou	**
oc		21. I certify	that I taak charge	af the rem	idiliz described d		ld an <u>Autapsy</u> , ide . Hamicide		Inquiry ,	and in my apinia
		CTUAL IGNATURE	Engl L	R	-		CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER		22. DATE SIGNED
2	E		Earl L. Roye LO9 Camden	Ave.	-6alisbur	y. Md	Address (Street	AL EXAMINER (X), city, town, or county)	2-17-	66
	Bi	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THER	EOF	23c. NAME OF CEN	METERY OR	ational	23d. LOCATION (City Arlingto	n. Virgi	(County) (Stote)
	24.	UNERAL PIREDO	obinson - L	12	ADDRESS		2So. REC'U	BY REGISTRAR 2:	Sb. REGISTRAR'S SI	GNATURE

VR A15ME (5) 6M 1/66

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

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A SECTION AND A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before/admission)
WICOMICO MARYLAND	a. STATE Wary Rand b. COUNTY	Mester
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
SALIBURY	Voromoke	23-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITAL	40013anl 57,	YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
E OFY I C COLOR OR PLOT	1661 ADS DEATH FEBRUARY 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1	10 19 66
7. WARRIED NEVER WARRIED		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	133 PARTURA ACE (County & State or coming country) 132 CIT	IZEN OF WHAT
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT COU	JNTRY?
13, FATHER'S NAME	1 / ' C '	SH
	14. MOTHER'S MAIDEN NAME	
Uninguin	ununoun	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	-0-1
no 1 2/3-05-20519	Virginia Williams - Il	Ushing my
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	11	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pullonmary lay	Pareless	
465 X DUE TO		
Conditions, if any, which gave rise to immediate (b) (celemonary)	Intoluo	
cause (a), stating the DUE TO		
underlying cause last. (c)		Lan Man all Topov
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
elebrol aslenoseleiras la	Heeley devotent when	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CICLORY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
White Mot white	ry, street, office bidg., etc.)	
	10 to 10	that (I) (wa) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 (ab., and that	t death occurred at 113. M, from the causes and on the	_, that (I) (we) last
22a, SIGNATURE	22b. DA	JE SIGNED
Krehurd & Heches M.D.	ATTENDING MED. STAFF 9 2//	12/66
22c. PHYSICIAN'S	22d. ADDRESS	1
NAME (Type)		Filtralia.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or coun	ity) (State)
BEMOVAL (Specify) 2-15-66 Halls H	ill Focomolle.	md .
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0
Zagar Whanton - New hurch,	Var DAFEEB 16 1966 James	, Judge
	' "	// // /

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after perthan

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

). PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY DICOMICO MARYLAND	a. STATE?
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1)	c. CITY OR TOWN (If-putside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest town)	Bishel 12-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS e. I e. IS RESIDENCE
	ON A FARM?
3. NAME OF First Middle	TEST NOT
NAME OF DECEASED (Type or print)	OF I
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIDTH 10 ACE (In years IF INDED 1 VEAD IF INDED 24 HPS
V 1 - 1 - 9	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11/ BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most a working life, even if retired) INDUSTRY Laborer Chicken farm	Worlester, Md. 11, S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kell Tindley	Mathe Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	. INFORMANT Address
215-26-4128	Regusto Plan Beshop Ild.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	12 to 82'S
/63 X DUE TO	6 1 0 1/
Conditions, If any, which) ((Crining)	of the lung 2/24rs.
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	9
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
12 far	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from_	Feb. 10, 1966 to Feb 10, 1966 that (1) to last
saw the deceased alive on Feb. 10, 1966, and the	at death occurred at 1000 M, from the causes and on the date stated above.
2Za/ SIGNATURE 1	ATTENDING MED. STAFF 22b. DATE SIGNED
	I.D. PHYS. DIRECTOR PHYS.
BERNER (NO. D)	- Peningula General Hospital
	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bures 2/14/66 Showe	el Cem. Showell md.
24. EUNERAL DIRECTOR/ ADDRESS	b. A 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. and 2 Film Graz PLACE OF DEATH a. COUNTY by the tu a. STATE oon papers. Pages 1 within 72 hours after OMICE MD. MARYLAND b. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 15 bu completely filled in d.MAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) executed within remove carbon in any event, with 3. NAME OF First Middie Last DECEASED (Type or print) 6. COLOR OR RACE DATE OF BIRTH SEX 8. 7. MARRIED NEVER MARRIED 1886 WIDOWED [DIVORCED June attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY certificate be RETIRED PAYMASTER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. has been signed by the attentas the burial-transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) 220-16-9 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). law requires that the PART 1. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) rise to immediate DUE TO cause (a), stating the underlying cause last. o FUNERAL DIRECTOR: After this certificate I director, page 3 should be detached for use should be filed with the State Dept. of Health CERTIFICAT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While be retained by ATTENDING at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at 22a. SIGNATURE ATTENDING Page 4 may

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY WICOMICO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY 6. IS RESIDENCE ON A FARM? YES NO A DATE Year Month Day OF DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years last birthday) Days Hours Months 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A BIVALVE MD. MOTHER'S MAIDEN NAME SUSAN DUNN Address IMORE, INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) that (I) (we) last OHM, from the causes and on the date stated above. DATE SIGNED 22b. MED. STAFF DIRECTOR M.D. PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) BIVALVE, BIVALVE CEMETERY MD. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS PRINCESS ANNE LEVIN R. WILSON

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VR. A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 IISHAL RESIDENCE (Where deceased lived, if Institution, Residence before admission a. COUNTY Wicomico b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Salisbury 9 Yrs. Arlington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Spring Hill Sani. YES NO K S. Buchanan 3. NAME OF Middle 4. DATE Month Day DECEASED OF CARRIE JOHNSTIN WITLSON (Type or print) DEATH 1966 6. COLOR OR RACE T MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Female White 2-24-1893 72 yrs. WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) House Wife Own Home Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S. Grant Johnstin Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordalesofservice) Mrs. Myrtle McGuirk, Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN extral hemonkage ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cousa DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! (County) (State) factory, street, office bldg., etc.) Not While at work at work saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Philip A. Insley Sr., Salisbury, M ryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland Burial 2-17-1966 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Hill Funeral Home Salisbury, Maryland

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicantal completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please thouse carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

24 hours after death.

executed within

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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-	b. CITY OR TO		te limits.	MARYLA				limits, write R		give nearest town
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					d. STREET AD	DRESS	0-1	1-1		e. 1S RESIDENCE ON A FARM?
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-	3. NAME OF DECEASED	Fi	rst	Middle	Last		DATE	Month	D	ay Year
	(Type or print)	Viol		K	Wood		OF DEATH	Feb.	9	19 66
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIT	ETH 159.	Q 9. AGE	In years IFU	NDER 1 YE	AR IF UNDER 24 HRS
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=	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c),	1	4. 14	1	- COLED	1 IN	TERVAL BETWEEN
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decease	sed lived, If institution: Residence before admission)
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-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1	O CITY OF TOWN III outside corner	ate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	C. CITT ON TOWN (III outside corpor	I I I I I I I I I I I I I I I I I I I
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	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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3.	NAME OF First MIddle	Last 4. DATE	Month Day Year
3.	DECEASED	f / OF	1 1 10 11
_	(Type or print) George H.	WAIGH DEATH	reprugny 13 1966
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	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no. or unknown) (If yes give war or dates of service)	. INFORMANT	Address
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=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	all wilding	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	margar Dial	ONSET AND DEATH
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	400 DUE TO	E size & Or at	1 110-11
	gave rise to immediate (b)	TENEDS CLESOIL	Trease yes
	cause (a), stating the DUE TO	Discuse	
	underlying cause last. (c)	Distance	
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183	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			(Otota)
S	fac	LACE OF INJURY (Home, farm, 20f. (CI ctory, street, office bldg., etc.)	ty or town) (County) (State)
MEDICAL	p.m. 19 While Not While		
	21. I certify that (I) (this hospital) attended the deceased from_	Jan , 196 to	120 13 1966 that (1) (we) last
		1175	the causes and on the date stated above.
	22a. SIGNATURE	lat death occorred at, non	22b. DATE SIGNED
	D'D Vall	ATTENDING MED.	STAFF D 0 - UL-6/
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR L	PHYS. 4 2-14-66
	NAME (Type)	Sno	n tru ma
22	BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF GEMETE	RY OR CREMATORY 23d. LOCA	ATION (City., town or county) (State)
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETE	RY OR CREMATORY 23d. LOCA	ATION (City, town or county) (State)
7-	JUVICI 12-17-66 111 WES	ley cerri on	RAR I 25b. REGISTRAR'S SIGNATURE
24	ADDRESS ADDRESS	25a. REC'D BY REGISTI	. and a b
4	Lawy Noe soul VEW	hurch 9, DATE B 21 191	66 James Judge

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reflowe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dights. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03057
CERTIFICATE OF DEATH

1. PLACE OP DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COVINTY MARYLAND	a. STATE MILE D. COUNTY SOME CEET
b. CHY, OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY,OR TOWN (If outside, corporate limits, write RURAL and give nearest town)
write RARAL and give nearest town)	18 1 1/1 1/1/1
JAINDURY LIFE	Cristiely 11141
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, glyd street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
LENINSULA CENERAL HISPITAL	114,5,414 3T1 YES NO 2
3. NAME OF PIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) E/FS/H	JOUNG DEATH FERRYARY -3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Isst birthday) Months Days Hours Min.
FRMALE NEGRO WIDOWED DIVORCED	Avy: 16, 1977 38 pirthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	M. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
LAPOTET SEAFORD	Chesier th. Uide
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
KAIDH MILLHOUGHE	L-11/1An 2m1/h
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	Doseph Young Cristisla Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	S ONSET AND DEATH
16.21	
Conditions is any which \	- HEPATIC FLEXBRE-COLON.
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	TOTAL THE STATE OF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19 to 5 256, 1966, that (I) (we) last
saw the deceased alive on 25 7th 1966, and tha	t death occurred at IIAM, from the causes and on the date stated above.
22a. SIGNATURE, / 4	22b. DATE SIGNED
Yd - May Kecel mi	ATTENDING MED. STAFF DIRECTOR PHYS. D 26.21-66
22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 1
NAME (Type)	and nooning
ON DUDING ORGANION ON DATE THEOROGY ON MANY OF ORMETED	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BUCIAL 3/1/166 MSPURG	CRISTIEIG ///G.
24. FUNERAL DIRECTOR ADDRESS,	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Phillipping 1/1 are WistiEld V	Mde DATER 3 1956 Charles Justice
9/	

Bellou.